

My Work with Surgeons as a Performance Coach

Most people don't like to be told what to do. Extremely bright, talented, leaders who are accustomed to making life-and-death decisions on a daily basis *really* don't like to be told what to do. By bringing my coaching knowledge to the table in a collaborative fashion, you, the surgeon can choose for yourself what has the best chance of success.

Sport Psychology Techniques in Surgery - Specific Examples

Here are some examples from my own practice where the seven key mental skills of athletic performance, as identified by Williams and Krane (1996) have been adapted to medical settings.

Key Mental Skill	Application in Surgical Setting
Goal Setting	Performance goals <ul style="list-style-type: none">• Reducing medication• Effectively handling distracting thoughts Process goals <ul style="list-style-type: none">• Taking breaks throughout the procedure• Stepping back, stretching and breathing• Incorporating a pre-performance routine
Imagery	<ul style="list-style-type: none">• Hypnosis (focus on relaxation and cues for relaxation)• Mental rehearsal of procedures and coping with various scenarios
Thought Control Strategies	<ul style="list-style-type: none">• Identifying negative thoughts and developing appropriate counters• Focus on alternate cognitions and beliefs
Arousal Management Techniques	<ul style="list-style-type: none">• Centered breathing• Hypnosis
Well-Developed	<ul style="list-style-type: none">• Incorporating mental routines throughout the

Performance Plans	<ul style="list-style-type: none"> operating procedure • 'Time out' break to stretch during the procedure • Resting/bracing hands whenever possible
Well-Developed Coping Strategies	<p>Specific plans for potentially troubling situations</p> <ul style="list-style-type: none"> • Fatigue • Fear <ul style="list-style-type: none"> ○ Physical abilities ○ Colleague's evaluation
Pre-Performance Mental Readyng Plans	<ul style="list-style-type: none"> • Reviewing affirmations prior to 'dressing out' • Mental rehearsal during scrub routine

The culture of surgery implicitly demands perfection. Education of residents and continuing education for practicing surgeons is perfectly acceptable; acknowledging deficits is contrary to the culture and can potentially undermine the confidence that a surgeon needs to confront life and death situations a daily basis. Even in circumstances that might be diagnosed as performance anxiety, I have found it more helpful to approach the situation from a performance enhancement rather than deficit model. In my experience, it is not uncommon for surgeons and physicians to use beta-blockers to treat symptoms of anxiety associated with performance. Usually the symptoms are managed with mild medication and therefore technically not problematic. Nonetheless, individuals who perform adequately in such situations have requested to "enhance performance" by learning how to do so without the benefits of medication.

Surprise Observation

On a final note, there is an additional factor that has seemed important when I have worked with physicians or surgeons on an *individual* basis. I have found it extraordinarily helpful to discuss spirituality and the personal belief system of the individual. In recent years, spirituality has received growing attention in the therapeutic process. To my knowledge, there has been little attention to its role as a dynamic of performance enhancement. I increasingly am finding that the techniques of performance enhancement are like bricks, and spirituality is like mortar. One can lay bricks without mortar and make a "stack wall" which can be beneficial in many circumstances. But if one incorporates those techniques within a belief system that includes a sense of purpose and meaning to life, those bricks create an incredibly strong foundation that can serve as a resource in facing the toughest of circumstances - circumstances such as facing life and death performance on a daily basis.

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