



# Residents' Views

Reflections • Réflexions

## Confidence and humility

*Our challenge to develop both during residency*

Jonathan Kerr MD

*Confidence: self-assurance arising from an appreciation of one's abilities.*

*Humility: a humble view of one's own importance.*

Compact Oxford English  
Dictionary of Current English<sup>1</sup>

During our medical training, we are expected to develop many skills. We often find ourselves pushing the limits of our individual comfort zones, attempting procedures and tasks that we have less than mastered. And to deal with these potentially anxiety-provoking situations, our medical culture teaches us to develop our self-confidence, and to do it quickly. In doing so, we move beyond our insecurities, with the hope that those around us—our patients, in particular—will feel assured in our capabilities. There is, however, a danger in this pursuit.

As we force ourselves to know more and to do more, we risk becoming *overconfident* and tempted to push the boundaries of our abilities too far. Also, overconfidence can have a negative effect on our personalities and on how we treat others. We have all worked with arrogant physicians and have been embarrassed by their rudeness with co-workers and abruptness with patients.

Of course, patients want their physicians to be highly competent and confident. But they also want, and deserve, doctors who are introspective, who know their own limitations, who will actively learn to fill in knowledge gaps, and who understand their role within the health care team and within their community. As such, the 2 definitions above need not be mutually exclusive. With proper self-awareness, medical trainees and practising physicians will nurture both confidence *and* humility. Here are some suggestions for working toward this goal:

### Be introspective

A good physician should be self-aware. Have you ever taken a step back and evaluated yourself in clinical encounters or in everyday situations? Is your clinical knowledge up-to-date? How are you handling challenging circumstances? How does your personality change when you are tired? Are you treating others with respect? Have your co-workers ever considered *you* cocky? Are you sure? Reflecting on questions like these develops self-understanding, and you should take the time for such introspection. Some of us find that scheduling self-reflection is the

best way to ensure it occurs. Perhaps you can take 5 minutes at the end of the day or ponder these thoughts during your next jog. Try to build evaluation into your weekly routine. Call it your “personal growth time,” or, if you happen to be fond of acronyms, PGT.

### Know your weaknesses and work to improve on them

During these personal growth times, think about your weaknesses. Avoid approaching this as an interview-type scenario, where you turn your weaknesses into strengths. Instead, be brutally honest with yourself. Think about your weaknesses within the different dimensions of your life: medicine, personality, finances, physical health, relationships, spirituality, etc. Keep a running list of each and consider ways in which you could improve. And when you are feeling really brave, share your list with someone. It will motivate you, and others will begin to notice the difference!

### Keep learning

No matter where you are in your training or career, there is always more to learn. For many of us, the most useful and interesting way to learn is around our cases. Be humble enough to take a moment to look up the various considerations in the diagnostic and management plan about which you are unsure. With the widespread availability of Palm devices and Internet-based medical programs, the answers are right at your fingertips. Also, as you go through the day, create a list of questions you can look up that night. This way, you will be studying topics you are actually interested in, and, most important, your patients will benefit.

### Avoid your unsavoury alter ego

We all have the potential to metamorphose from our usually well-mannered selves into our abrupt, impolite alter egos. This is especially the case when we are tired. How do you respond to the nurse after the 3:00 AM page for an acetaminophen order? How do you treat the fellow resident who gives you a “lame” consult when you are already swamped? Are you rude on the phone? Do you get frustrated? Does it show?

At the root of some of these negative feelings might be the assumption that your time is more important than everyone else's. The on-call and consulting processes tend to foster this culture of self-importance.

It is all about “turf wars” and “punting” patients to other services. But *humility* is “a humble view of one’s own importance.”<sup>1</sup> Are you really more important to patient care than the nurse up on the ward? Are you actually busier than the resident in emergency? Or could it be that these people are actually looking out for patients’ best interests? We are all playing on the same team, and we all have our respective roles. Remembering this after that 3:00AM page might help you to be understanding and polite when you call back. Oh, and remember to smile when you are on the phone. The person on the other end of the line will hear it in your voice.

If you do occasionally have a momentary lapse in judgment and humility, and you realize that you have snapped at someone, take the time to call back and apologize. It will prevent any hard feelings, decrease the chance of others talking about you critically, and foster a better relationship the next time you work together.

### Set relational goals

We tend to spend plenty of time setting career goals and financial goals. But we often forget to pay attention to how we are interacting with others. Take a moment and make some relational goals. How do you want to communicate? Do you give advice too often and listen too seldom? This is a common mistake for us doctors because we are constantly trying to fix everything. Sometimes just the act of listening is the most important thing we can do.

How would your co-workers, friends, and family describe your personality? If you are unsure, ask them! Tell them to be honest. You might just be surprised about what they have to say. Do you come across as preoccupied? Short-tempered? A grump?

Once you know this you can ask how you actually *want* others to perceive you. Could you make better eye contact? Should you be more polite? Is your tone of voice appropriate? Could you be more attentive to how others react to your mood? By setting relational goals, even simple ones like these, you can work toward being a more pleasant person with whom to work and live.

### Conclusion

Having a healthy balance of confidence and humility can help a medical trainee become a superb physician and can help an experienced physician become an even better one. Creating this balance requires effort and patience. I hope some of these strategies will benefit you, your co-workers, and, of course, your patients. 🌟

**Dr Kerr** is a first-year family medicine resident at Queen’s University in Kingston, Ont.

### Reference

1. Soanes C, editor. *Compact Oxford English dictionary of current English*. 3rd ed. New York, NY: Oxford University Press; 2005.

