

Episode 21 | The Impact of Fear on Practicing Vet Med and Living Life - Part 2

FULL EPISODE TRANSCRIPT

The Joyful DVM PODCAST

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How fear often drives our choices in veterinary medicine and how we can shift to empowered thinking, that's what we're talking about in Episode 21.

Welcome to the Joyful DVM Podcast. I'm your host, Veterinarian, and Certified Life Coach, Cari Wise. Whether you're dealing with the challenges in Vet Med, struggling with self-confidence, or you're just trying to figure out how to create a life and a career that you actually enjoy, you'll find encouragement, education, and empowering concepts, you can apply right away. Let's get started.

Hello, my friends. Welcome to Episode 21. Today is part two of a two-part series on the impact of fear on practicing vet med and living life. Today, we're going to really dig into how this shows up in veterinary medicine. So back in Episode 20, I talked about in-depth, the origin of fear, and just what it all boils down to are these things.

Number one: fear is an emotion and it is instinctual. It is built into the DNA of who we are and its existence isn't a problem.

Number two: fear is not a reliable indicator of impending death. Yes, the whole purpose of fear originally when the human species was created was to alert us of things that could go against food, shelter, and reproduction. If we didn't have those three things, we couldn't survive as a species, and so fear was very useful in that regard. But today it's not a reliable indicator of impending death.

Number three: fear left unchecked drives behaviors that are not useful. That fear left unchecked today has us doing things that don't help us create the lives that we want. Instead, it drives behaviors like blaming and complaining and trying to control everything around us.

And number four: the degree to which we let fear drive our decisions and our life experience is completely optional. We don't have to let fear drive. When we can transition from fear to empowerment everything gets easier.

There are some fundamental concepts we need to keep in mind. Remember it is our emotions that drive our actions. So the way that we feel, afraid or otherwise, drives the things that we do. Those emotions then are created only by our own thought processes. They are created in our minds. They're never created by our circumstances. Our thoughts are optional. So even though we do have some instinctual unintentional thoughts that pop up first in any given circumstance, keeping just that thought as our absolute truth is an optional choice. We can always decide what else we believe in any situation.

Now I've identified a five-step process that will help us transition from feeling afraid to feeling empowered. And it is gold when we apply it to what we encounter in veterinary medicine. That five-

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step process includes number one, identifying the circumstance. So remember when I'm talking about a circumstance, I'm looking for the fact - what is the thing that everybody would agree on that's happening here? So when we think about veterinary medicine, it might be an appointment, it might be a client, it might be a pet. It's whatever our camera could capture. So what is the fact here? That's step number one.

Step number two is just to remember, "I am still me". That whatever that circumstance at hand is, I was me before that circumstance and I will be me after that circumstance. I have not changed.

Number three is to embrace the ability to choose. No matter what the circumstance, I always get to decide for myself. I need to embrace that as truth, powerful stuff. Number four, I get to decide.

So number four, I'm deciding, "Does the circumstance at hand change my perspective? Does it change my belief?" So number four, I decide if the circumstance warrants the need to change what I believe.

And number five, I just choose intentionally what my perspective is going to be.

So again, that five-step process for moving from fear to empowerment is number one, identify the circumstance. Find the fact in the situation. Number two, remember, "I am still me". Number three, embrace my ability to always choose for myself. Number four, decide, "Does the C warrant a change in my perspective?", and number five, choose. Intentionally choose what that perspective is.

Now let's apply this to veterinary medicine. Here's the deal about imposter syndrome. The existence of fear perpetuates imposter syndrome. Imposter syndrome, all on its own, isn't a problem. It's when we focus on our belief that we are imposters, that's when our lives are actually in jeopardy. Imposter syndrome is just that underlying belief system that we are not enough. That we are a fraud. That we ended up in our jobs by accident. That everybody else is doing it better than we are. We compare ourselves against other people. It often, we compare ourselves to veterinarians who have been in practice for years longer than we have. We evaluate ourselves based on their performance. We judge ourselves harshly and we conclude we never should have been in this profession in the first place, and when somebody finds out, everything's going to just fall apart. That's the heart of imposter syndrome. But it is a completely mentally constructed thing.

It's not a problem that sometimes we feel like imposters. But when we bring that into becoming our identity and we live our lives through that, then we start creating a life that we don't want, and it actually influences our future. It's all optional. The existence of fear perpetuates imposter syndrome. And like we talked about last week, fear will always be present.

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Solving fear is not the goal ever. We want to understand why the fear is there. And then also recognize that fear can coexist with empowerment as well. The world is 50-50 positive and negative when it comes to the way that we feel. They exist in concert with each other. We will feel uncomfortable emotion and we will feel comfortable emotion. Both types, comfortable and uncomfortable, existing at the same time, intentionally on purpose. That is the human experience. If we can embrace that idea, then we don't have to solve for the negative. Which means we don't have to solve for the fear.

Fear has a lot of use. Fear can drive a lot of useful things as well. But when the existence of fear perpetuates this idea that we are imposters, it does not help us in our veterinary lives. What we also want to remember that it is only our thoughts that create the emotion of fear. So the existence isn't a problem. It pops up very instinctually in what seems like automatically in a given circumstance. But in between the things that happen and that fear that we feel, there is actually a bit of space there.

There are some instinctual automatic thoughts that come up that create fear. The most common one is some flavor of, "We're all gonna die". All very intentional, created with a primitive lower brain, initially useful in our lives, we're truly in jeopardy, but today is usually like a false alarm. 99% of the time, when you feel afraid, you can look around and you can see that your life is not actually in danger. But the action that that fear drives can cause us complications.

Fear tends to drive behaviors like blaming and complaining and commiserating. In veterinary medicine, it shows up with us complaining about clients or blaming them for what they did or didn't do. It shows up as us complaining about maybe our bosses or the organizations that we work for. Complaining, commiserating about our pay and our schedules and our coworkers and our debt, and like all the things, right? Like it's pretty easy to come up with that list of all the things that we blame and complain and commiserate about as a group of people, as a population of professionals.

The other way that it shows up in our behavior, so the other way that fear shows up in our behavior is in our controlling nature and our perfectionism. So trying to control all the things and trying to do all the things perfectly.

So what about the controlling nature? How does that show up? That shows up in our control-freak nature. We show up a bit as a bit of control freaks. So when we're showing up like a control freak, we're hypercritical of everything that people say and people do. We're very quick to anger when mistakes are made. We have a lot of judgment against our clients and their choices and their behaviors. And we have a ton of judgment about ourselves. This is the most intense part of it. We judge ourselves harshly and oftentimes we're looping on thoughts like, "If I had done X, then outcome Y would have been guaranteed." Or, "If I had done X, then outcome Y would not have happened." We basically go down a what-if chain. We start to argue with the reality of what has

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already happened, the decisions we've already made, and we try to predict what would have happened if we'd done something differently. But we don't only do this in a retrospective nature. We also do this in a forward-thinking nature. We get stuck in our ability to make choices because we go down the tons of different what-if possibilities trying to get to the right outcome. When we go down a what-if chain, it can be useful if we decide in advance, what we're going to do in a variety of circumstances. So you can look at the what-if: and what if A happens then I will do X, and what if B happens then I will do Y. If we use the what-if chain to make those decisions in advance of A or B actually happening, it's useful, because then when A or B happens, we've already decided what we're going to do, and we don't need any drama. But where it's not useful is when it perpetuates the belief that our decisions are solely responsible for the outcome.

For example, if our decisions are responsible for the way that the client reacts; if our decisions are responsible for the way a patient responds to treatment. That requires us to try to control things from an outcome perspective that we never have had the ability to control at all. The way that clients behave and the way that patients respond to treatment are not our responsibility because we cannot control those things.

Now, what about perfectionism? How does this show up in our behavior? Perfectionism shows up as a false belief that if we do things right, then the outcomes will be guaranteed. It shows up as us questioning everything - the things that we're doing, the things that other people are doing. It shows up as us overexplaining - so overexplaining to clients what's going on; overexplaining to our coworkers or to our bosses, or to our family. Overexplaining is just an effort to make sure that everybody's on the same page. And then number three, it shows up in delayed decision-making. It shows up in what-if chains. When perfectionism shows up in a what-if chain, it doesn't just go to, "If this happens, then I'll do that." It's not a proactive what-if chain. It's a catastrophic what-if chain. If I do this, then the patient might respond that way, then the client might do this thing, and then this might happen, and that might happen. It goes all the way to the end game. It's like putting something part of your life in actual jeopardy. And doesn't go just down one route at all. It gets back to that, like, "We're all gonna die" adage at the very end. When it's all comes down to it like your life is over, is the endpoint of every useless what-if chain. The what-if chain that keeps you from taking any kind of action. The useful what-if chain is a proactive approach to decision making. The unuseful what-if chain is catastrophizing over what might happen and then still spinning in indecision over what you would do if it does.

Let me give you a very specific example to help clear this up. Let's look at the idea of a vomiting cat. So something many, many of us have seen in the veterinary world as a vomiting cat. We've got the acutely vomiting cat and we've got the chronically vomiting cat. So in this case, we've got a situation where we've got a vomiting cat. We've got a decision tree if there's an acutely vomiting cat and there's a chronically vomiting cat. And I can know, right now at this moment, before ever seeing the

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next vomiting cat, what I might do if it's an acutely vomiting cat, or chronically vomiting cat. If it's an acutely vomiting cat, and I've assessed that it's stable, then I will do these things. If it's an acutely vomiting cat, and I have assessed that it is unstable, I might do these other things. So those things I might do in a stable case, maybe take some blood work. I'll get some blood work. Take some radiographs. Maybe give it some subacute fluids. Send it home pending results. And acutely vomiting cat that's unstable, I would probably get hospitalized it. Get it on fluids. Give it some additional medications. Get those data points back. And then once I have that information move forward. I can decide before I ever see a vomiting cat, what I'm going to do with an acutely stable versus an acutely unstable cat. I don't have to get caught up in that decision when it actually happens. I could also decide what I'm going to do next. If it responds to treatment, then I will do these things. If it does not respond to treatment, then I will treat this way or I will do these other things. So if I start out, I take radiographs and blood work and I don't find anything, and I treat the cat a certain way, which I can all decide. I can decide all that in advance. Like this is my approach to the vomiting cat, and I can send it home.

Then the next what-if is, if it gets better, great, I'm going to see you in a week. If it doesn't get better, then I'm going to see you in three days. I can decide today, had I never encountered this exact case, what I will do. There's no need for indecision here. Now, where this would become terribly unuseful in a what-if scenario is, if I get stuck in thoughts like, "If I don't do it right, the cat's going to die" or "If I don't do it right, the client's going to be angry."

The fear of patient death and client reaction drives a lot of our decisions. And we need to become super aware of when that's happening. Because when that fear of client reaction and patient death drives what we do, then we actually aren't practicing veterinary medicine anymore. We're just reacting to a circumstance at hand. The only solution that's available to us when we behave in that way, so when we take our actions from a place of fear over patients' dying and clients' getting angry, the only solution in that situation is for patients to never die and for clients to never be mad. So the only solution to feeling afraid is for clients to be happy and for patients to get better. We can't control either one of those things, which makes our ability to conquer fear in veterinary practice impossible if it is the circumstances that create it.

When it comes to imposter syndrome and that five-step fear to empowerment process, so what do we do? What do we do when we're faced with a case like this and those sentences, "If I don't choose the right thing, the cat's going to die", "If I don't do the right thing, the client's gonna get mad", "If the cat doesn't get better, the client's gonna get mad", what do we do? Because all those thoughts are there, they're very instinctual, they're very automatic, they're not a problem. they're creating fear, so how do we take that moment and move from fear to empowerment so we can actually get back to engaging in veterinary medicine and living our lives?

Well, that five-step fear to empowerment process works here too. In this case, we've got to identify the Cs, right? So step one, identify the C. Identify the circumstance, the fact. What is the fact of the case? In this case, in this situation, the facts are the patient and the client. Absent of any other information there is a patient and there is a client, and that is all. That is the fact. We've identified the circumstance right there.

Okay. Kind of two different five-step processes going on simultaneously here. So we've got the five-step fear to empowerment process about the patient and the five-step fear to empowerment process about the client.

Step one, in both cases, identify with the circumstances. So what is the fact? It's the patient. It's the client.

Number two, the same for both, remember, "I'm still me." I am still the same person I was before that client and pet walked in the door and I will be the same person when they walk out. We just need to remember that.

Number three, embrace. We want to embrace our ability to choose for myself. So in circumstance number one, which is the patient, what does this look like? How I approach the case is my medical recommendation. I get to decide what I'm going to recommend for that patient. How does it show up then for the client? I get to decide what I believe about the client. At any moment I get to decide.

Number four, does the circumstance warrant a change in my belief or perspective? So when we look at number four in relation to the patient, which is the vomiting cat, what we can recognize is that new patient data, so like the result of our diagnostic tests, may indicate a new diagnosis and a new treatment plan. So in that case, there might be a change in my belief in perspective, that's going to drive a different action, so a different medical recommendation. And that's not a problem. We like the reason for, "changing our mind." We have new information. So we're just going to adjust and make a new recommendation, not a problem.

Now, what about the client? The client reaction never requires a change. So if we recognize, and if we have chosen that we always get to decide what we believe about the client, then even if the client behaves badly, we still get to decide what we believe about the client. So whatever I believed initially about the client, I can still choose to believe if I want to.

The client reaction never requires us to change the way that we practice veterinary medicine or change what we advised. This is so important to recognize. The client's reaction never requires us to change the way that we practice medicine and the way that we decide what to recommend in any given situation.

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For example, when it comes to this vomiting cat, I'm always going to advise blood work and x-rays. It's very possible that the client is going to complain about the cost of blood work and x-rays. If I let fear drive me in that situation, what I might do is discount the amount of money that I charged for those things or worse I might not offer them at all because I'm afraid that they're going to react badly to the cost.

The empowered decision, what empowerment would drive in that same scenario, is I would offer the diagnostics that I think are in the best interest of the pet and I would let the owner decide what they wanted to do, and I would allow the owner to react however they want to react to the price, to the money, to the situation, to the pet, whatever. Let them react however they want to react in every ounce of this circumstance, and I stay grounded in my belief about what I believe about them and what I believe about my abilities and what I believe about the pet. I get to decide. I don't make their reaction to my medical advice mean anything at all about me or alter the way that I move forward because I'm anchored in empowerment and I'm not anchored in fear.

Fear creates a completely different outcome. The thing to remember here, client decisions are never an indicator of veterinary success. So whether you're doing things right, or whether you're doing things wrong is never something you can evaluate based on a client's reaction.

This is so important because a lot of our fear in veterinary medicine is client-related. We are afraid of what they're going to say. We are afraid of what they are going to do. We are afraid they're going to post on social media. We are afraid they're going to turn us into the board. That fear drives decisions that are not in alignment with the way we want to practice medicine and the way that we want to live our lives. It's so important just to see that because letting fear drive in those situations is not necessary. Yes. We're still going to have thoughts they might post about us on social media and they might turn us into the board. Yeah. Those thoughts are going to be there. It's not a problem that they're there. They are offered to you by that lower primitive brain that senses the discomfort of the situation automatically thinks that you're going to die and is giving you a way to retract from the situation. If you don't interact with the client, then they're not going to end up writing something bad about you on social. They're not going to turn you into the board if you don't treat their pet. Just recognize it for what it is. It's lower primitive brain just misfiring. It thinks you're in a life-threatening situation, but you're not. That fear will have you withdraw. Instead use the opportunity to just curiously, watch your primitive brain freak out, and then remind yourself that empowerment will always override fear.

You've got a five-step process to move yourself at that moment from fear to empowerment. The goal is not to solve the fear. The goal is not to walk into that exam room unafraid. Of course, you're still gonna feel that under the surface, but you'll feel more empowered than afraid. You'll take an action from empowerment. And those actions that you take from an empowered emotion will create

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the results that you ultimately want. What are those results? They're your results to show up and to practice veterinary medicine to the best of your ability. To do the best that you can in any situation, given the information and resources available at the time. The outcome that you want to create should never be a patient that gets better or a client that is happy because those things, my friends, you will never be able to control.

Patient's individual response to treatment, the client's reaction to their emotions that they're experiencing throughout that process, completely not something you control. What you control is doing your best in any situation and making the best decisions that you can with the information and resources available at the time. When you feel empowered in your role, you will do that. You will show up that way. You will let go of the responsibility for the things that you can't control. You will let go of your control-freak nature. You will let go of your perfectionism. And you will just embrace your role in any veterinary situation, make empowered decisions from that place, and everything gets easier.

All right, my friends, as we close out this episode, remember you have a five-step process to move from fear to empowerment in any situation. I've written this up for you in a handy resource. You can jump over to joyfuldvm.com/21_Resource and grab a copy of this PDF. Use it. Practice it. Start to take back your power intentionally. Everything's going to get easier.

See you next time.

Thank you for listening to the Joyful DVM podcast. If you'd like to learn more about the concepts and ideas discussed here and how to apply them to your own life, to create confidence and empowerment for yourself, you'll love Vet Life Academy. To check it out and learn more, visit joyfuldvm.com/vetlifeacademy. And if you're loving this podcast, I'd appreciate it if you'd share it with your friends and leave us a review on iTunes.

We can change what's possible in VetMed together.