

Practicing Emotional Self-awareness to Build Surgeon Resilience

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Summary: As surgeons, we work in a high-stress, high-stakes environment to take care of our patients. In this setting, it is not uncommon for us to experience microaggressions—subtle or indirect actions or statements that communicate a demeaning or exclusionary message, often unintentionally. Microaggressions can bring us down, taking away from the fulfillment that attracted many of us to this profession. In this article, we introduce the Institute for Professional Excellence in Coaching energy leadership framework as a tool to understand and address microaggressions. We then apply it to real-life scenarios surgeons may encounter, demonstrating how this framework can help us to build resilience and recover our joy for our profession. (*Plast Reconstr Surg Glob Open* 2025; 13:e6462; doi: 10.1097/GOX.00000000000006462; Published online 29 January 2025.)

INSTITUTE FOR PROFESSIONAL EXCELLENCE IN COACHING FRAMEWORK

In the Institute for Professional Excellence in Coaching (iPEC) framework, Schneider¹ identified our energy level as the critical entity that influences our thoughts, emotions, and actions. He described 7 distinct energy levels (Fig. 1).

Level 1 is “I lose.” It is defined by thoughts of powerlessness and a victim mentality, and in it, we are driven by emotions of fear and anxiety. We are taken to level 1 when faced with conflict, microaggressions, or gaslighting, especially those perpetrated by someone “higher” in the conventional hierarchy. The level 1 state, ruled by hormones of adrenaline and cortisol, can have an appropriate time and place (ie, during extreme hardships or the loss of a loved one). However, it is unsustainable to be in a perpetual “fight or flight” mentality. Therefore, it is important to recognize when we are at level 1 and make a conscious choice about how to proceed. There are no inherent “bad” levels, but the recognition of the levels

(and that we can move between them) can help limit our time in level 1 where stress and anxiety are high and performance is low.

Level 2 is “I win, you lose.” It is defined by thoughts of judgment, and in it, we are driven by emotions of anger and blame. It is based on the false premise that “for us to succeed, someone else must fail.” Level 2 is a common response to conflict, microaggressions, and gaslighting. It is also the level that these behaviors can stem from, harming those around us and taking them down to levels 1 and 2. We can teach at a level 2 (“pimping”), lead a toxic morbidity and mortality conference at a level 2, or even “level 2” ourselves (eg, perpetuating thoughts of imposter syndrome). There can be a time and place for level 2—consider a situation where an individual’s rights are grossly violated, and a response of anger and blame are necessary to make change and achieve justice. However, with high adrenaline and cortisol and low performance, living daily at a level 2 in the workplace is *also* unsustainable long term.

Level 3 is “I’m fine.” It is defined by thoughts of acceptance and neutrality. In it, we are driven by emotions of forgiveness and are simply “coping” with our surroundings. Level 3 is where we find ourselves when we move out of levels 1 and 2, achieved by pausing, taking a breath, and accepting that “it is what it is.” This acceptance disrupts the production of adrenaline and cortisol and queries the thoughts, emotions, and challenged values that brought us down to levels 1 and 2 in the first place. With this understanding, we can transition to higher energy levels, productive neurotransmitters, and subsequent higher performance.

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Level 4 is “you win.” It is defined by thoughts of concern for others, and in it, we are driven by emotions of compassion for others. As healthcare providers, we spend much of our time in level 4—this level embodies our service to and compassion for our patients. We want our patients to “win” and are focused on this mission. This compassion for those in need produces oxytocin and dopamine.² Level 4 also implies compassion for ourselves.

Level 5 is “win/win.” It is defined by thoughts of curiosity, collaboration, and teamwork, and in it, we are driven by emotions of peace, calm, and confidence. There is no failure at level 5, simply opportunities to learn—a setting where both educator and learner “win.” When we as educators exist at level 5, we let go of the hierarchical construct of “I know something you don’t know.” At level 5, there are “ideas everywhere.” Instead of exploiting the knowledge gaps of others, we see these knowledge gaps as learning opportunities. When we as learners exist at level 5, we do not feel shame or anxiety when presented with new knowledge or when presenting at a morbidity and mortality conference. Instead, we approach these moments with curiosity, finding opportunities for growth and development. Predominant neurotransmitters at level 5 include serotonin and gamma-aminobutyric acid, which act at the amygdala to help modulate anxiety, inducing a relaxing and calming effect.^{3–5}

Level 6 is “everyone wins.” It is defined by thoughts of synergy and connection, and in it, we are driven by emotions of happiness and joy. We are our wisest, most intuitive selves in this state. As we connect, “play,” and create with those around us, we are driven by oxytocin, anandamide, and endorphins.^{6,7} Innovation, creativity, and fun stem from level 6 energy.

Takeaways

Question: How can surgeons handle microaggressions in a way that reduces stress and maintains their joy in their profession?

Findings: Understanding the “7 levels of energy” outlined by the Institute for Professional Excellence in Coaching can help us as surgeons practice emotional self-awareness. We can recognize our “lower” energy stress response to conflict and use tried strategies to transition to “higher” energy levels, therefore minimizing stress and improving performance.

Meaning: We cannot control our stressors, but we can improve how we react to them using the Institute for Professional Excellence in Coaching framework, ultimately increasing our performance and job satisfaction.

Level 7 is “no win, no lose.” It is defined by thoughts of purpose and nonjudgment, and in it, we are driven by emotions of bliss and passion. This is the flow state in which our skills are perfectly aligned with the challenge we are facing, allowing us to be completely “in the moment,” achieve highest performance, and have an incredibly positive overall experience.^{8,9} The modulation of the noradrenergic and dopamine systems allows us to experience pleasure while staying fully engaged in a task.¹⁰ Anandamide, named after the Sanskrit word *ananda*, meaning bliss, is also present at this level.¹¹ (See **Supplemental Digital Content 1**, which displays a surgical resident’s poetic perspective on the iPEC levels and this “flow state,” <http://links.lww.com/PRSGO/D811>.)

Energy Level	Emotion	Neurotransmitter/hormone	Performance
7	Wisdom and love	Anandamide, dopamine	High
6	Happiness and joy	Endorphins, anandamide, oxytocin	
5	Peace and calm	GABA, serotonin	
4	Compassion	Dopamine, oxytocin	
3	Accepting		
2	Blame	Adrenaline, cortisol	
1	Shame	Adrenaline, cortisol	Low

Fig. 1. The 7 iPEC energy levels¹ and the corresponding emotion, neurotransmitter/hormone, and performance state. At levels 1 and 2, we have feelings of shame and blame, with associated adrenaline and cortisol putting us in “fight, flight, or freeze” mode, resulting in low performance overall. As we change our perception and consciously choose a higher energy level, we experience more positive emotions dictated by rewarding neurotransmitters and hormones, subsequently improving our performance. GABA, gamma-aminobutyric acid.

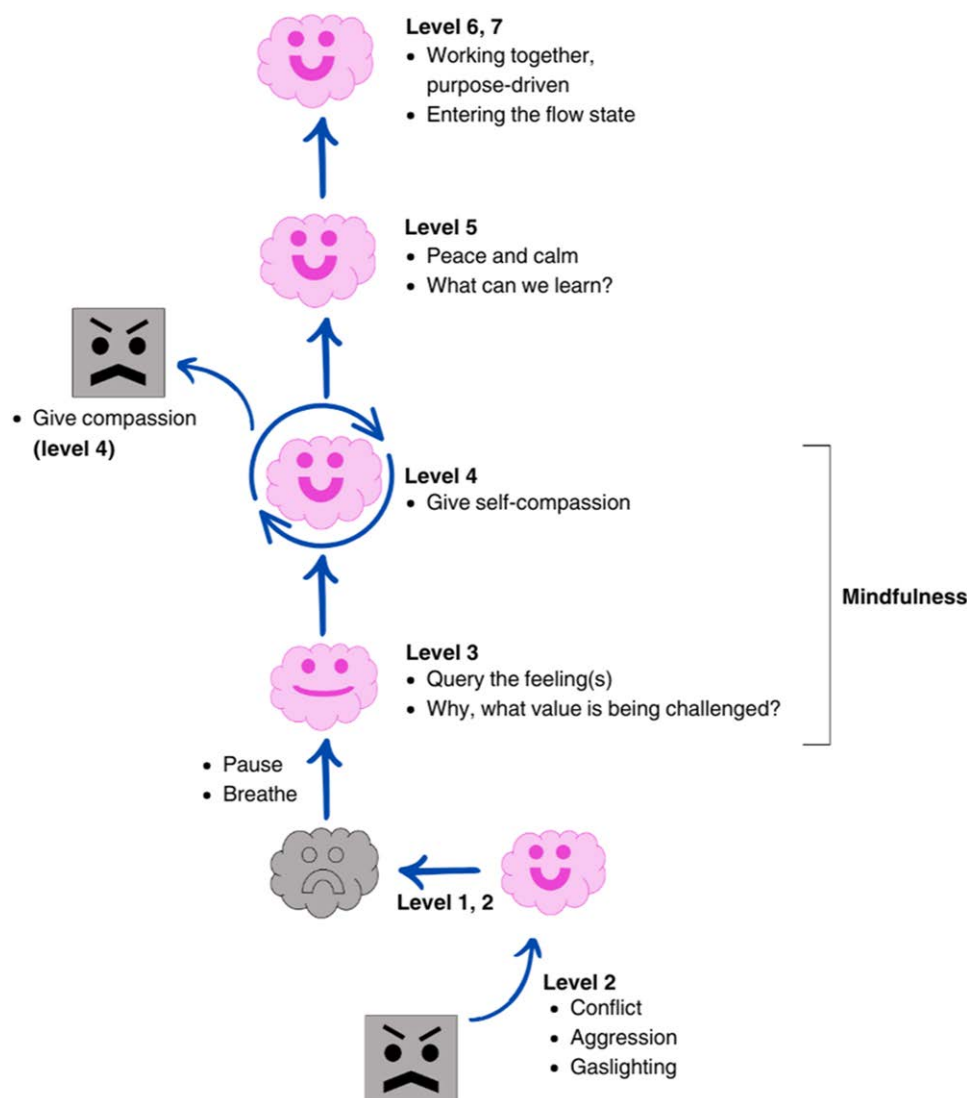


Fig. 2. A schematic illustrating how to move through the 7 iPEC levels in response to conflict, microaggressions, or macroaggressions. In response to level 1 and 2 energy (in the form of conflict, aggression, and gaslighting), we ourselves can get taken down to levels 1 and 2. Pausing and breathing allow us to create temporary separation from the issue, accept our situation, and consider which of our values was challenged to produce what we were feeling. Then we can give ourselves self-compassion, which means AVN—acknowledging (the situation and what has happened), validating (our emotions), and normalizing (those emotions given the situation) to nurture ourselves. We can also give compassion to the aggressor, as we understand that the origin of their actions is their own feelings of shame and blame. We can then move to level 5, where we reconnect with our team and hold curiosity about what we can learn from the experience. Finally, levels 6 and 7 allow us to work toward solutions as a group and reenter the flow state.

HOW TO APPLY THE IPEC FRAMEWORK

In our work environment, if someone commits a micro- or macroaggression against us, we can use the iPEC levels to understand the energy exchange in that situation and effectively cope with the aggression (Fig. 2). The person committing the aggression is perceived to be at a level 2 (“I win, you lose”) with emotions of anger and blame. Their aggression is a negative stimulus, to which the common response is immediately going down to level 1 or 2. In level 1, we become the victim, feeling powerless, fearful, and anxious. Responding with level 2 energy, we become

like our aggressor, with anger and blame. Both level 1 and level 2 are high-stress and low-performance states.

How do we get out of level 1 and level 2? We start by being aware that we have dropped to a low level, then proceed by pausing and breathing to move toward acceptance and neutrality in level 3. At level 3, we can cope with our surroundings, disrupting the production of stress hormones (adrenaline and cortisol). We can query the thoughts and feelings triggering those emotions, getting to why and what brought us down to levels 1 and 2. We then can acknowledge, validate, and normalize those

thoughts to nurture ourselves—sending level 4 compassion toward ourselves. We can also send this level 4 energy to our aggressor, recognizing that their negative behavior often comes from a place of ignorance or insecurity. Their issues are not our issues, but we can still offer them compassion.

At this point, we and our team can transition to higher energy (levels 5–7) and higher performance. Level 5 is peace and calm, with thoughts of curiosity, collaboration, and teamwork—there are ideas everywhere, with no failure because every issue is seen as an opportunity for learning. Level 6 is happiness and joy, where we are connected to and synergistic with our team. This is how we can innovate to solve the problem at hand. And level 7 is the “flow state” when we are entirely in the present moment. We are confident that we can rise to the challenges before us, whether completing a complex surgery or navigating a difficult social situation.

IPEC-GUIDED CLINICAL SCENARIOS

Now we will apply this iPEC model to specific scenarios a surgeon might encounter.

Scenario 1

You head to the operating room (OR) early to discuss your needs for a mandible fracture repair. You use the same plating set every time. When you return, you see your resident has asked for a different set, which the staff has opened. You are eventually able to obtain your normal set, but the scrub technologist admits that they have never used a drill or been in this type of case, and have no idea how to use the set. The instrument representative is half an hour away.

Response

The first step is to have awareness that you have encountered stress: by the resident and staff before the case started, during the case by the scrub, and from the instrument representative being 30 minutes away. Each stress is an opportunity to investigate how you are feeling and to choose how you would like to respond. Having an awareness that you have encountered stress helps move you from your initial reaction (feeling like a victim at level 1 or frustrated and even angry at level 2) to an alternative reaction—moving your energy to level 3 by pausing, breathing, and investigating what you are feeling.

Being at energy levels 1 and 2 is often a reaction to the feeling that a core value has been compromised. Identifying this value in the situation at hand helps us move from victimhood or anger to acceptance and beyond. In this scenario, do you value being methodical, which was compromised by the resident choosing the wrong instrument set? Do you value punctuality, which was compromised by the instrument representative’s delay to the OR? Do you value best patient care and need a scrub technologist skilled in the use of the instrument set to help you achieve that? Acknowledge these feelings, validate, and normalize them to nurture yourself so that you can move to level 4—giving both yourself and your patient compassion. Then ask yourself how you can look at this situation

through the lens of peace and calm and give level 4 and level 5 energy to your team. Together (level 6), come up with a plan that refocuses the team on the shared purpose that drives you all—providing the best care to the patient—to have a great case.

In an environment of levels 4–7, team members are empowered to express their ideas and solutions without fear of judgment. Maybe the resident suggests a way to communicate your instrument set preferences to the rest of their cohort, so the correct set is pulled in the future. The scrub technologist may know a colleague with more experience with the instruments and offer to call them to assist until the instrument representative arrives. You can maintain positive and collegial communication with the anesthesia provider and inform them of any expected extensions to the predicted case time. By establishing this high-level atmosphere, collaboration and performance are at their highest, leading to the best care for the patient. The team leader can do this by focusing the attention from “making do” at level 3, to service at level 4, and then to collaboration, humor, happiness, and flow at even higher levels.

You can say to the team: “We are going to help restore our young man’s jaw back into alignment so he can enjoy his weekend barbecues again. He apparently makes a mean pulled pork. Today, let’s see what we can do together to get this case done. Let’s also think about what we can do next time to make sure we have the things we need and are prepared for the case. Who can help with that? Thank you so much!”

Scenario 2

You are fresh out of training. Though you did not do a fellowship, you have experience in complex reconstruction and hand and have good results so far. You have a senior colleague who has primarily done cosmetic surgery for the past 20 years but was initially hand fellowship trained. They recently started doing elective hand cases and repeatedly bring up in conferences that only hand fellowship trained physicians should be doing hand surgery.

Response

The first step is establishing awareness that you have been experiencing the stress of judgment from your senior colleague. This awareness helps you move from your initial reaction (levels 1 and 2) to level 3 where you can pause, breathe, and investigate what you are feeling. Ask yourself what important value is being compromised, and acknowledge, validate, and nurture yourself to move up to level 4. You could say to yourself: “Given your recent experience in hand surgery, and your motivation and need to build a practice, of course you are disappointed or angry that an established cosmetic surgeon on your faculty (two decades away from doing hand surgery) is publicly putting up a barrier for you to start your practice.”

Give yourself some compassion (level 4), then ask yourself how you can look at this situation through the lens of peace and calm (level 5). How can you change your production of adrenaline and cortisol to serotonin to calmly approach the situation? At level 5, ideas are everywhere; there is no failure or judgment, simply an opportunity to

learn something. Ask yourself, who can you collaborate with (level 6) to plan appropriate next steps? Is there an experienced, trusted mentor in your department who acknowledges your strengths and can help brainstorm how to move forward to best serve your patients? Also, do not forget to give level 4 energy to your senior colleague—understand that their level 2 behavior is coming from a place of insecurity. Their issues are not yours, but you can still offer compassion toward them rather than being caught up in their paradigm of judgment.

You can say to yourself: “Wow, that comment was extremely hurtful. I feel offended because this individual just made untrue assumptions about my skills. I know I am a good hand surgeon with the ability to do hand cases. He trained at a different time than I did, so I can imagine his perception of trainees these days may be inaccurate. Moving forward, I plan to have a conversation with him about my abilities and offer to partner with him on some cases so we can learn from each other—learning does not end after residency. I will also discuss this with my division chief and see if the chief has any other suggestions because I recognize this feeling of frustration is not serving me well.”

Scenario 3

A postoperative patient requires a blood transfusion based on early morning laboratory results. As the attending, you ask the residents to make sure this is completed. In the early afternoon, a rapid response is called. The patient improves with fluids. You investigate and it turns out the patient never received blood or fluids before that time due to intravenous access issues. After you confront the resident about this, the resident lodges a complaint to the program directly against you.

Response

You are feeling stress in your relationship with your resident. Start by acknowledging, validating, and nurturing (level 4) yourself and even your resident. Move toward looking at the situation through the lens of peace and calm (level 5) with deep breaths. What can you learn from this? Who can you collaborate with (level 6)?

You can say to yourself: “It’s natural that I’m upset in response to getting reported by the resident for expressing how I wished they handled the situation differently, especially because this was an issue of patient safety. I wanted them to help me understand what happened and see if they could have been more proactive next time. I know that we both care about the patient. What can I do to support myself right now as I feel these things? What would compassion for my resident look like? How can we both grow and learn from this situation? How can I ensure that my communication with my team is clear to allow for the best workflow and outcome for our patients?”

Scenario 4

You are rounding with your senior resident. While checking on a belligerent patient, the patient begins to ask if your resident can speak English. Your resident is obviously flustered and angry in response. You step in to diffuse the situation.

Response

You witness your resident feeling demeaned and going to level 1 energy by a patient at level 2 energy. When talking to your patient, shift the focus onto service: “Good morning. My resident, Dr. [insert name here], has been carefully following your progress after surgery and communicating with me daily to come up with safe plans for you. Our residents have graduated from medical school and are surgeons-in-training who are an essential part of the team. I can tell you are upset—I would like to understand why to see if I can help. Anything I can do to help make the roles of our team members clearer, or to help with your care?”

Also, take time to touch base with your resident after the patient encounter. Acknowledge, validate, and nurture them and their feelings after this stress (level 4). Encourage them to take time, if they need it, to focus on their breathing to bring them to peace and calm.

Scenario 5

There is a new electronic record which is confusing everyone in the preoperative area. You are trying to get things organized so your patient can be sent back to the OR on time, as you have a busy day. The nursing staff is having trouble with the orders. You see the certified registered nurse anesthetist sitting with his feet up on the desk. You ask if he can help get things going as the anesthesia paperwork is still not completed. He responds that he can fix some issues, but that putting a Band-Aid on a broken system will not really fix everything so he plans to wait until his attending comes.

Response

You and the rest of the team are feeling the understandable frustration of the new electronic medical record—new systems can be disruptive to existing flow, time-consuming, and cumbersome. Imagine in this scenario that you, as the attending surgeon, are the quarterback, and the supporting team (preoperative nurse, certified registered nurse anesthetist, residents, scrub nurse) are the wide receivers or offensive line. When a team is losing (in this case to the inefficiencies and struggles of a new system), it is often the quarterback’s (attending’s) composure and ability to motivate the team that leads them to victory. All teams are plagued by injuries, unfair calls, poor weather conditions, and seemingly hopeless score differentials, but the best quarterbacks can spark themselves and their teammates to action, utilize everyone’s strengths, and operate at a high level (levels 5–7) to come back and win.

In this situation, you (the quarterback) have the option of reflexively becoming flustered and upset (levels 1 and 2), or working to maintain composure (level 3), encouraging the team, leading the huddle (level 5), and calling the next play (level 6), constructed to overcome this unanticipated obstacle with the goal of helping the patient.

You can start by taking the time to acknowledge, validate, and nurture the nurses and CRNA (level 4). “I know how you feel! This system makes routine tasks we are familiar with much more difficult. It can feel so frustrating, like there’s no point of making an effort.” To budge them out of level 1, you can work with the other members of the

team to refocus everyone on caring for the patient (level 4) which is your common purpose (level 6). “Let’s get this show on the road so we can take care of this patient. We all know that’s why we are here.” This creates an environment in which team members can express ideas and solutions without judgment. “What can we do to get this case started and be more timely? Any ideas?”

CONCLUSIONS

Applying the iPEC framework to understand our thoughts, emotions, and actions can empower us to respond effectively to stressors like micro- or macroaggressions. This takes practice but can have a tremendous effect on our career satisfaction.

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DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article.

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