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## The Best is the Enemy of the Good

David B. Gillette

University of the Pacific, [dgillette@pacific.edu](mailto:dgillette@pacific.edu)

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# “The Best is the Enemy of the Good”<sup>1</sup>

By David Gillette, PT, DPT, GCS

When I began my residency, I wanted to deepen my clinical expertise so I could better serve the growing population of older adults. I thought my perfectionism would be an asset in this process and help me be successful. As a high achiever, I focused on meeting internal and external expectations, not on growth. What I did not think of was how to better myself as a person—or that I even needed to do so. I did not know that perfectionism can be a weakness that affects not only me but also those around me.

I am not alone in my perfectionism as a healthcare professional. Research shows that perfectionism can lead to depression in nurses;<sup>2</sup> negative feelings including guilt, fear, and shame in emergency medicine physicians after a medical error;<sup>3</sup> and difficulty in receiving feedback and challenges in interpersonal relationships among physicians.<sup>4</sup>

Just as muscles require an overload stimulus to increase strength, I needed the pressure of residency to make changes in myself that bettered me as a person—and in turn benefited my roles as a physical therapist, coworker, spouse, teacher, and researcher.

## The Perfectionist Perspective

Growing up I never viewed perfectionism as a bad thing. I wanted to do things right the first time, and was fastidious in many ways. Boot camp and the Navy Nuclear Power Program drilled attention to detail into me, which suited me well, but I did not enjoy the job and decided against re-enlisting. I majored in history in college and after graduation worked for five years in radiation safety, which also required attention to detail. I then switched careers and went to physical therapy school as a newlywed, during which time I focused on internal goals and expectations as I did an independent study with my advisor examining physical activity and aging, as well as independent research with a nursing professor examining factors of older adults' adherence to group exercise—which resulted in a publication. The impact of my perfectionism on my marriage rumbled below the surface during the research study as I spent an inordinate amount of time on the project, which spilled into my first year of practice. My wife and I rationalized my dedication as being “just who I am,” and agreed to discuss things before I took on anything else.

Early in my career as a physical therapist, the line between being a driven high achiever and a perfectionist was blurred. I worked for two years in a

small retirement community where I provided care in Skilled Nursing, Outpatient, and Long-Term Care. I was a driven physical therapist, doing “work outside of work” such as researching conditions or treatments, and I was empathetic with patients and put their needs before mine. Still, my perfectionism lurked beneath the surface in my practice: I would beat myself up and perseverate on how I could have done things better. While this behavior did not seem to me to harm others or my relationships with them, the clinical, academic, and research pressures in residency caused the repercussions of my perfectionism to finally burst forth in their full and messy form.

## Outside Perspectives

I received positive feedback at my residency probationary review 6 weeks into the program. I was “mature” and staying on top of assignments, with good “professional and interpersonal” skills. My residency director made minor suggestions on writing assignments, and my clinical mentor made a comment about productivity in the clinic. I have always loved learning, and the academic portion of the residency was no exception. I also enjoyed my exposure to research in PT school, and while there was no requirement for publishing research, I decided to try—which increased my workload.

Two challenging circumstances added stress. First, my wife and I were in a new city with a one-year-old child and one car. Second, the clinical productivity requirement increased my intense desire to do well and meet expectations. My focus turned to myself, and I became irritable, as I was not meeting productivity expectations. Frustration grew toward everything that was impeding my job—including nurses not pre-medicating, aides not changing patients and having them ready, and other disciplines “taking” my patients.

The cracks started to show on my review at the end of my first term.

At my 3-month probationary review in the clinic, the clinic manager put me on notice about my productivity. She also told me that some of the staff were afraid of me—which really surprised and saddened me. Additionally, my residency director and clinic mentor wrote that I was defensive at times with feedback and not ready for all assignments, and that I needed to work on active listening, be more flexible in my thinking, and be aware of how my response to pressure was impairing relationship development. I did not view this feedback as a way to grow, but rather a message that I was not meeting expectations. I started to make adjustments and became more reflective in my interactions with others, while adapting my documentation style and timing to reduce that pressure.

My review was a little better at the end of the second term. My residency director noted that I was starting to work on reflective learning, and my clinic mentor observed that I was working on relationships and flexibility, but that I was also expressing frustration with my being assigned to float to other units when necessary. The expectation of floating was not made clear at the start of the residency; when the clinic manager would tell me the night before that I would be floating the next day it came as a surprise to me and an imposition on my family life. I usually biked to work so my wife could use the car, but floating required me to take the car. This resulted in frustration at home, which spilled over at work. Only after I verbalized my frustration did the situation and my outlook improve. I still struggled in my academic work, both with my making basic mistakes and with my defensive response to correction. I had also eased up on research, focusing more on other areas in the program and on my

marriage. I did not, however, communicate effectively with my research mentor about that change.

## Expectations Vs. Growth

At this point, I was still focused on meeting expectations and not on growth. While affirming my value, my residency director gently led me through how my perfectionistic mindset had limited my personal and professional growth, and how important it was that I work on developing a growth mindset—the ability to perceive feedback and challenging experiences as an opportunity for growth versus a critique of my not meeting expectations. It was at this point that I really began to see how my perfectionism had affected me, my work, and my relationships—and how much I had lost by trying to be perfect.

My final review showed continued progress, noting improvements in meeting deadlines, receiving feedback, managing time in the clinic, practicing interpersonal skills, and self-reflecting. My clinic mentor and my residency director encouraged me to continue to work on stress management; my residency director reminded me that “resistance to feedback is resistance to growth.” (Becky Olson Kellogg, DPT, written communication, August 2012).

Although I passed the residency, I did not publish the research I had begun during it. I am at peace with that. I learned more about research through that process, and more about myself. Part of my perfectionism is a weakness for overcommitting and wanting to say “yes” to too many things, both to meet the expectations of others and to meet my own expectations of myself. I learned to think and talk through things with all involved, as my decisions impacted more than just me.

## Practice with Different Focus

I practiced full-time for five years after the residency in a setting with a more relaxed atmosphere. While I maintained focus and drive, my manner and attitude softened toward those around me when in difficult situations. If a nurse did not pre-medicate a patient before physical therapy or the aide was late in getting a patient to breakfast, I was better able to adjust my day as well as work with them on meeting patient goals. If a patient’s family took out their frustrations on me and interfered with my work with their loved one, I was able to refocus myself on the patient and not on my productivity. I still experienced frustration if my day went sideways, but I had several students who commented on how calmly I handled those situations. I took that as a complement and a testament to the impact of the residency on me.

I became more involved in clinical education in the last few years in the clinic, and I contemplated transitioning into academia as I love teaching and enjoy research. A wonderful opportunity opened up in a strong physical therapy program that offered support in the transition; I started there in Fall 2017. Although my residency focused on clinical knowledge and application, what I gained through that experience has also helped me in academia. Not only do I temper internal and external expectations and focus on growth; I try to direct high-achieving and perfectionistic students toward this end as well, reminding them that it is not just about the grades but also about understanding and growing as a professional and as a human being.

Leo Tolstoy wrote: “Everyone thinks of changing the world, but no one thinks of changing himself.”<sup>5</sup> I entered residency with the goal of changing my patients’ world and the world of physical therapy by increasing my skillset. I completed my residency with

an internal transformation—after I realized I struggled with a perfectionism that influenced every part of my life. At the start, I had no thoughts or insight into the need to change myself; I am glad that through the residency, I became a better person.

I am okay with not being the best now; I want to be *good* at what I do. As Voltaire observed, “The best is the enemy of the good.”<sup>1</sup> I continue to strive to grow and improve by not only being open to, but also seeking out, feedback for growth. I am enjoying the journey more by practicing stress management, spending more time with my family, exercising, and exploring the great outdoors.

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## About the Author



**David Gillette, PT, DPT, GCS** earned a Bachelor of Arts in History at the University of Washington in 2001, and his Doctor of Physical Therapy at the University of Washington in 2009. He completed his geriatric clinical physical therapy residency at the University of Minnesota in 2012, and became board certified in geriatric physical therapy in 2013. He is now an Assistant Professor of Physical Therapy at University of the Pacific in Stockton, CA, where he teaches several classes including Geriatrics and Advanced Clinical Problems, a clinic-based class. The humanities, including history, music, and art, have been a way for him to learn about and influence how he sees others and the world around him. This narrative describes his experience of coming to see more clearly the humanity of himself and his relation to others. He is working on incorporating the humanities into the classes he teaches, as he believes they can inform students of the patient experience and of themselves as professionals and as human beings. He would like to thank Becky Olson-Kellogg, PT, DPT, GCS, CEEAA and Debbie Hanka, PT, DPT, GCS for their mentoring during the residency and for their feedback on this submission.