

IMPOSTER SYNDROME

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HOW IT HOLDS OUR
LEARNERS (AND US!)
BACK, AND WHAT TO
DO ABOUT IT.

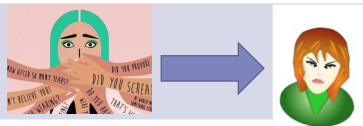
OUTLINE:



Define Imposter Syndrome



Identify the cause



Understand the effects



Learn 3 tools to mitigate the effects of
Imposter Syndrome

- 1) The Reframe
- 2) Manage your Perfectionism
- 3) Absorb Praise

WHO HAS FELT LIKE THEY DIDN'T BELONG IN THE LAST WEEK?

- 2 mins:

Jot down a few thoughts about the situation, and if you feel brave – share a short version in the chat!

IMPOSTER SYNDROME: DEFINITION

- Feelings of inadequacy that **persist despite evident success.**
- Internalized fear of being exposed as a **fraud.**
- It should really be named “self-under-appreciation syndrome”
- What it's NOT: awareness of one's own limits/knowledge gaps

SIGNS

Saying or thinking:

- "I'm a fake and going to be found out."
- "I just lucked out."
- "If I can do it, anyone can."
- "I had a lot of help."
- "I had connections."
- "They're just being nice."
- "Failure is not an option."
- "I'm pretty sure" or "I kind of think" or "Does that make sense?"
- "I just made it up as I went."

All these people really seem to have it together, and I still have no idea what's going on.



azilliondollarscomics.com

1/1/20

Parshley, M. "Imposter Syndrome" ACP online 2020.

IMPOSTER SYNDROME: PREVALENCE

- **MOST** (75% of all doctors)



- **FREQUENT** (2/3 of trainees rate IS feelings as FREQUENT)

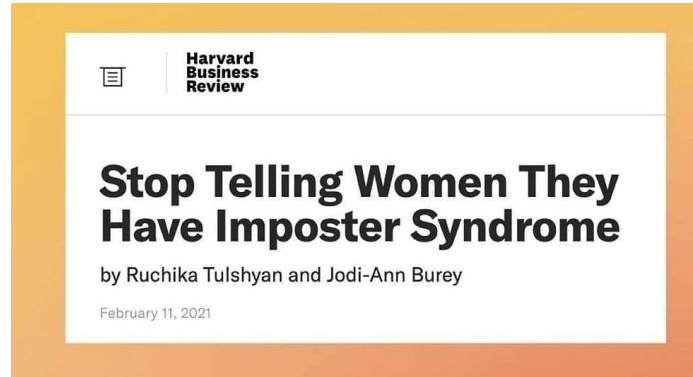


- **WOMEN** (2:1 ratio female:male), **URM** (>10:1 URM:non-URM)



Parshley, M. "Imposter Syndrome" ACP online 2020.

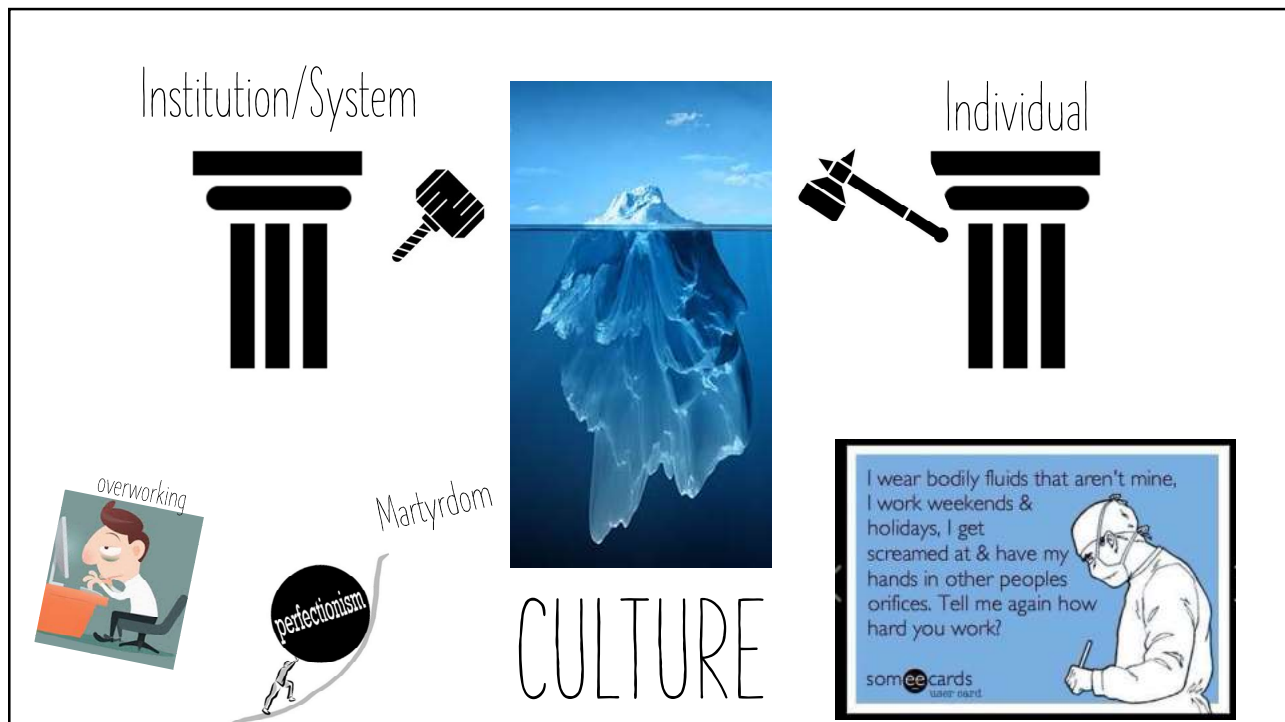
“IN TRUTH... WE DON'T BELONG BECAUSE WE WERE NEVER SUPPOSED TO BELONG”



Recent McKinsey Data shows that Women make up < 20% of C-suites, and people of color make up <15%.



And more importantly, who's job is it to address?



TODAY
WE WILL FOCUS ON
CULTURE CHANGE FROM
AN INDIVIDUAL LEVEL
 ACKNOWLEDGING THAT THE
 SYSTEM ALSO NEEDS TO
 CHANGE.

IMPOSTER SYNDROME: CAUSE

- An over-active **Inner Critic**
- Our Inner Critic tries to protect us using pervasive self-doubt & criticism. We think this will work, but it actually holds us back from challenging goals.
- Yes, the inner critic has been fueled by society & past experiences.



- Lingers on the negative
- Micromanages
- Adds to cognitive load by forcing the brain to listen and do the thing.
- Easily goes into fight/flight/freeze response

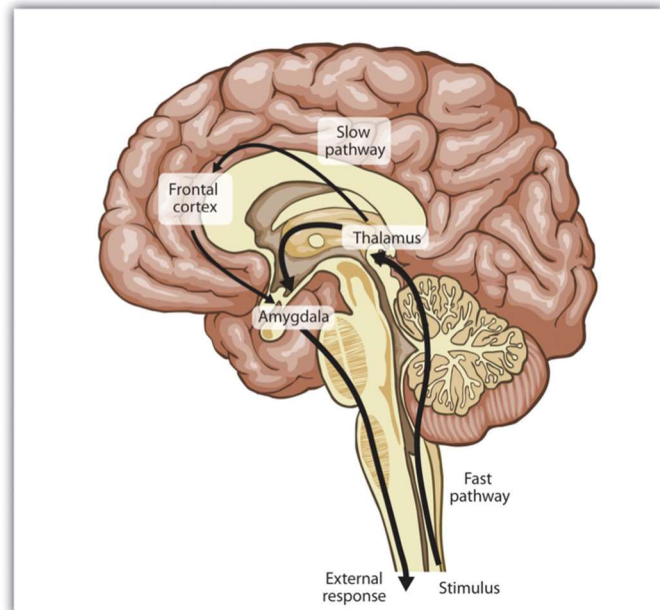


THE AMYGDALA HIJACK!

“AM I SAFE?”
(SOCIAL)



**IF NOT, FIGHT,
FLIGHT OR
FREEZE**



LONG TERM EFFECTS:

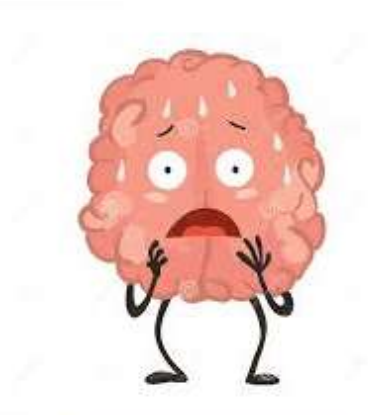
- Burnout, Anxiety, Stress, Shame, Depression and Overall Decreased Psychological Well-being.
- Declining opportunities and challenges
- Associated with increased burnout and suicidal ideation and lower professional fulfillment.



Parshley, M. "Imposter Syndrome" ACP 2020.

Shanafelt, T. "Imposter Phenomenon" *Mayo Clinic Proc* 2022.

GUESS WHAT? IT'S NORMAL!



The brain evolved with a “negativity bias” to be hyper-alert and overly cautious. These amygdala-mediated responses were life saving back in the day, are usually **automatic**. Now, in the 21st century, it’s actually rarely helpful for anyone when overactive.



Then – we went to medical school where this was heavily reinforced!

IMPOSTER SYNDROME: TREATMENT



People with Imposter Syndrome are not broken. We don’t need to get “rid” of the inner critic (nor could we since it’s programmed into our coding for a reason).



Instead, we can adjust or “reframe” thoughts.



The first step is to bring awareness to the inner critic.

SKILL 1: THE REFRAME

Here's the secret: everything in our lives falls into CTFAR

Circumstance (Neutral fact. 100% true, can prove in a court of law.)

↓ Triggers your

Thoughts (Sentence about the circumstance. You choose this.)



↓ Cause your

Feelings (1 word emotion that is always caused by a thought).



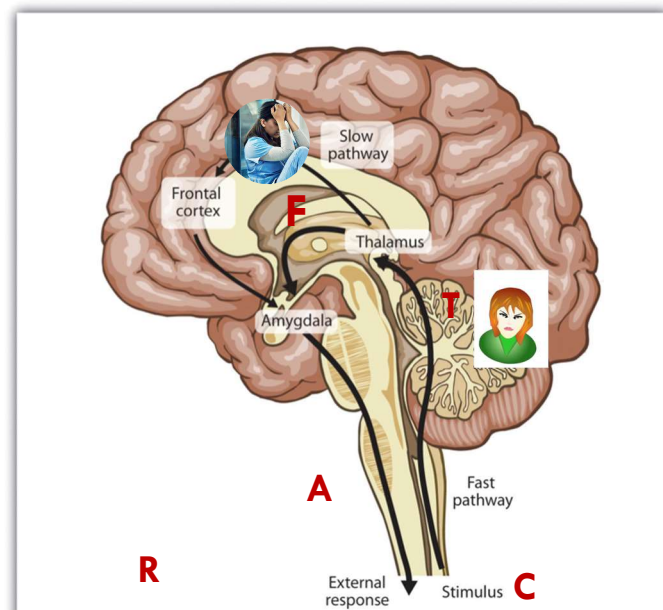
↓ Fuel your

Actions (What ever you do or don't do that is fueled by your F)

↓ Create your

Result (Proves the thought)

THE AMYGDALA HIJACK



SKILL 1: THE REFRAME

Pull up your initial thought download from the beginning of this workshop.



Example: Separate the C from the T

I was in the MICU and my patient needed an arterial line. The fellow asked if I wanted to do it, but I botched the last 3 I tried, and I was scared to hurt the patient or look incompetent. I made up an excuse and handed it off to my co-resident. Maybe I'm just not a "procedure person" and I should consider non-procedure specialties. It sucks, since I actually really like the unit, and I could picture myself as a cardiologist too. But it's not worth it if I can't even place one



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C

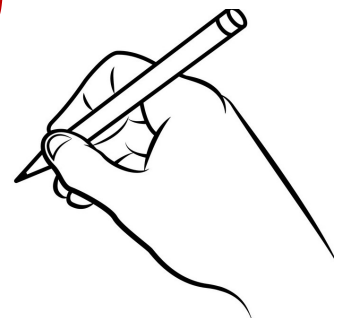


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C

T(s)



tiny line

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tiny line

C
T(s)
F

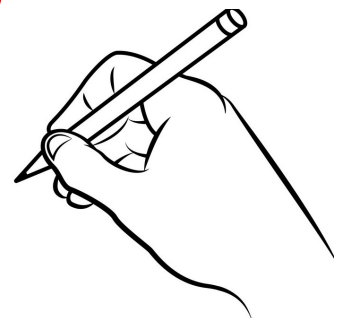


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tiny line

C
T(s)
F
A



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C
T(s)
F
A



R: label self & limit options

Tool 1: The Thought Model

C: Patient needs an arterial line

T: I failed before, so I can't do it

F: Scared

A: Avoid the procedure, hand it off, call myself names, reconsider career options, limit myself to only non procedure things

R: Don't learn how to do it (and limits options)



The Reframe

C: Patient needs an arterial line

T: *"I can learn new things."*

"I'm here to get it right, not look good."

"Asking for help is a part of training."

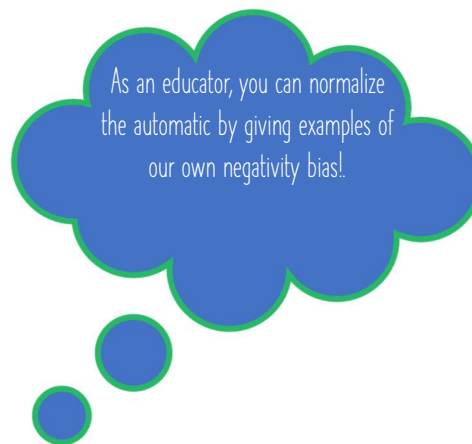
F: Capable

A: Say yes to opportunities, ask for help, identify skill gaps, allow failure without judging myself, repeat the task until success

R: Learn how to do it

Recap

- Circumstance (Neutral fact. 100% true, everyone would agree on this.)
- Thoughts (Sentence about the circumstance. You choose this).
- Feelings (1 word emotion that is always caused by a thought).
- Actions (What ever you do or don't do that is fueled by your F)
- Result (Proves the T- in this case you want it to be "Have my Own Back")



Practice:

- From your Thought Download: choose 1 thought and write out:

C:

T:

F:

A:

R:

And see where your thoughts are leading you!

Tool 2: Managing Perfectionism

Perfectionism is a twenty-ton shield that we lug around, thinking it will protect us, when in fact it's the thing that's really preventing us from taking flight.

Brené Brown



Does rigid inflexibility about sparkling water organization represent healthy striving, or a dark underbelly of perfectionism rotting at one's core?

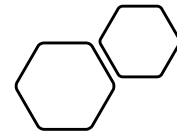
asking FOR A FRIEND



@THEHOMEEDIT

HEALTHY STRIVING

DARK ROTTEN CORE





Perfectionism or Healthy striving?



T: "I'm only worthy if I get this right"

F: fear, inadequate, doubt, neurotic, irritated, resentful, closed



T: "Let's see what happens if I..." , "I want to try"

F: growth, curiosity, wholehearted, fun, open

Depends on the F and the T behind the action.....

So you can't ever know if your learner is behaving with perfectionism unless you ask about their thoughts and feelings behind the action.

Perfectionism

- Sets success bar so high AND so ambiguously that we don't ever get to it.
- Perfect is the only option

Circumstance



Triggers your

Medical training

Thoughts



Cause your

I'm not enough



Feelings



Fuel your

Inadequate



Actions



Create your

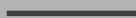
Hide, stop learning, don't ask for feedback, disconnect from peers, procrastinate, avoidance behavior (eat, TV etc.)

Result

Prove you aren't enough: you aren't worth your own effort



Skill 2: Manage perfectionism



Tool 2 : Managing Perfectionism

- Have learners define success for themselves:
 - *“What do you need to be or do to ‘be a good doctor?’ What does that mean to you?”*
 - *Is there a skill gap they can identify and strategize to overcome?*
- Do learners have a plan for meeting **their own** standards?
 - *“What do you have to do, specifically to meet these standards?”*
- Help learners challenge beliefs that are not serving their definition of success
 - *“Why do you believe every attending, patient, peer must like you? What do you make their words mean about you?”*

Help your learners get clear on their OWN standards.



Tool 3: Practice absorbing praise



PEOPLE WITH IS OFTEN FEEL COGNITIVE DISSONANCE WITH PRAISE.



IF YOU HAVE NEGATIVE THOUGHTS ABOUT YOURSELF, WHEN SOMEONE GIVES YOU POSITIVE FB IT DOESN'T MAKE SENSE.

EXERCISE:
THINK BACK
TO YOUR
LAST
COMPLIMENT

Bask

- Sit with the feeling.
- Let the joy wash over you, absorb the happiness.

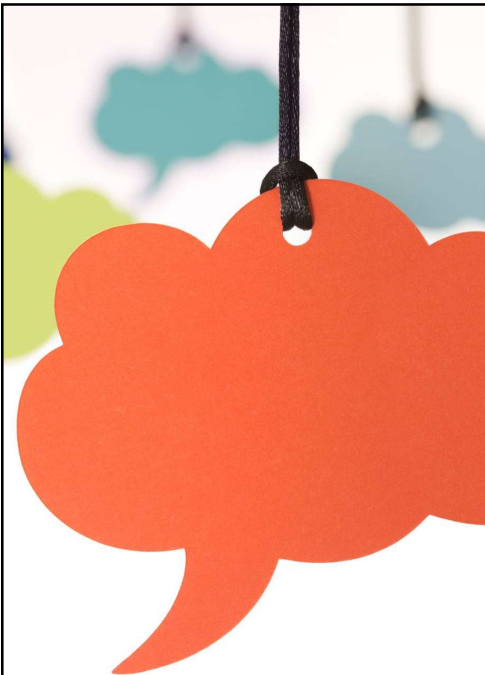
Attribute

- Think about how you created this result
- what strengths did you use? What actions?
- YOU did this, and don't let yourself forget it!

Reminisce

- Reminisce on this as much as you can.

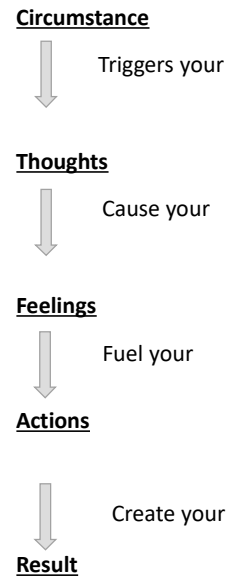
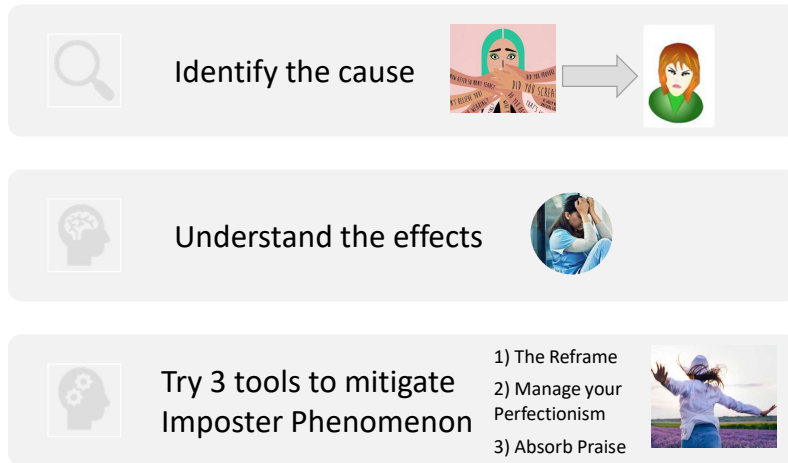
You are right-sizing your negativity bias/inner critic
with these exercises



Tool 3: Help Learners Absorb Positive Feedback

- Acknowledge efforts/process (in addition to outcomes)
- Name specific strengths and actions
- Encourage learners to write down feel good moments and “mundane” achievements
- Don't allow self-deprecation or deflection in response to positive fb. Model this!

Take Home Points: Coaching



bettertogetherphysiciancoaching.com

BETTER TOGETHER
physician coaching

HOME OUR PROGRAM OUR TEAM TESTIMONIALS CONTACT US MEMBER LOGIN

WELCOME TO BETTER TOGETHER PHYSICIAN COACHING

We help medical trainees and physicians overcome

- Burnout & Overwhelm
- Imposter Syndrome
- Perfectionism
- Lack of Confidence
- Disorganization
- Poor Time Management



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