

IMPOSTER SYNDROME

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

Tyra Fainstad, MD
Visiting Associate Professor, General Internal Medicine
Certified Professional Life Coach

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

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”

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."



azilliondollarscomics.com

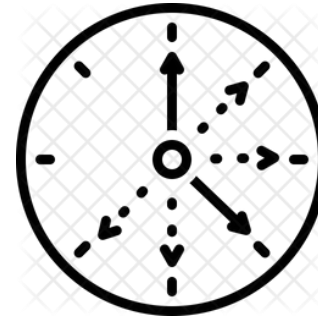
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IMPOSTER SYNDROME: PREVALENCE

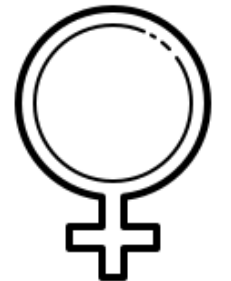
- **MOST** (75% of all doctors)



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



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



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

Fixing Bias, Not Women

Imposter syndrome is especially prevalent in biased, toxic cultures that value individualism and overwork. Yet the “fix women’s imposter syndrome” narrative has persisted, decade after decade. We see inclusive workplaces as a multivitamin that can ensure that women of color can thrive. Rather than focus on fixing imposter syndrome, professionals whose identities have been marginalized and discriminated against must experience a cultural shift writ large.

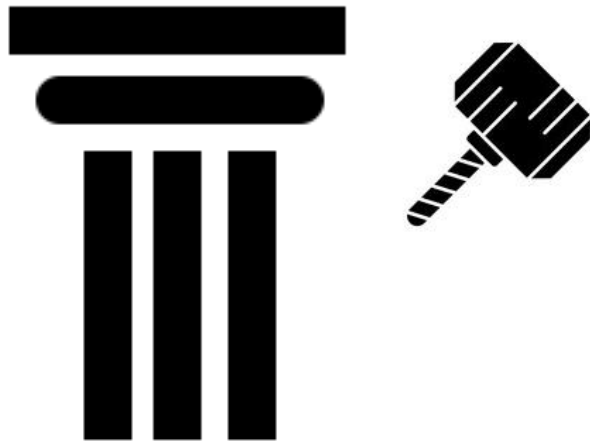
Recent McKinsey Data shows that Women make up < 20% of C-suites, and people of color make up <15% of C-suites





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

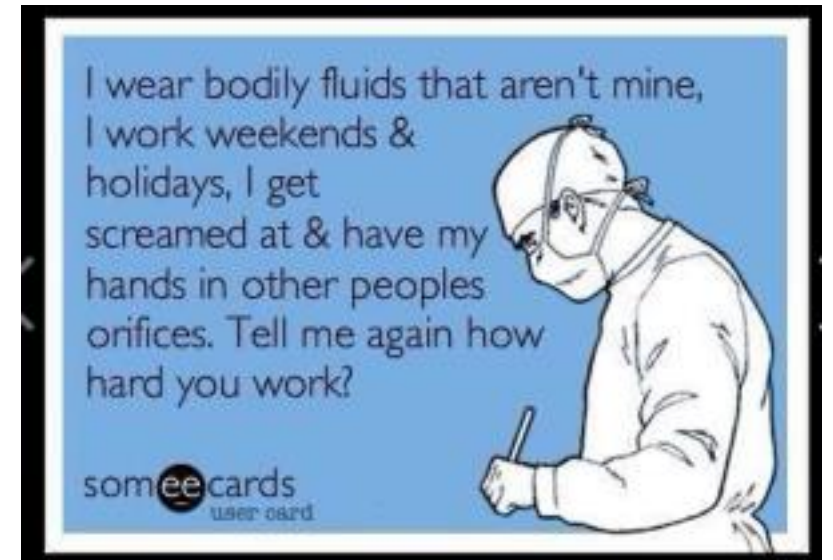
Institution/System



Individual

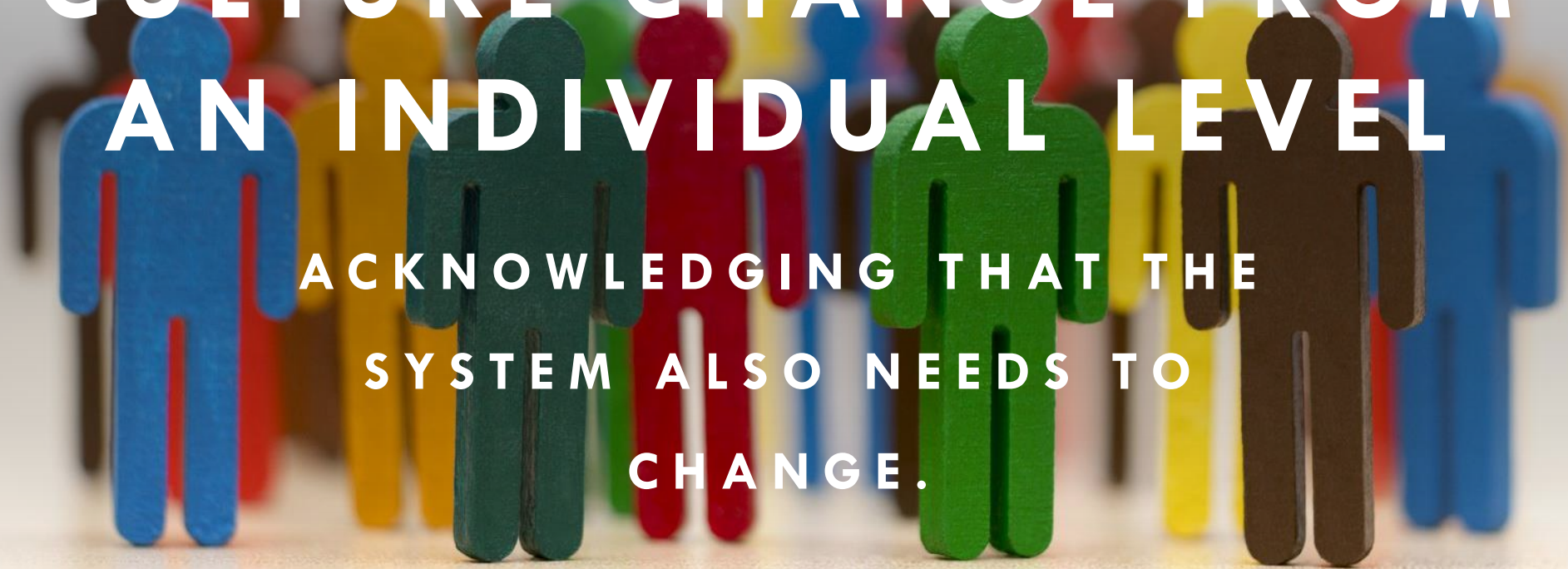


CULTURE



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

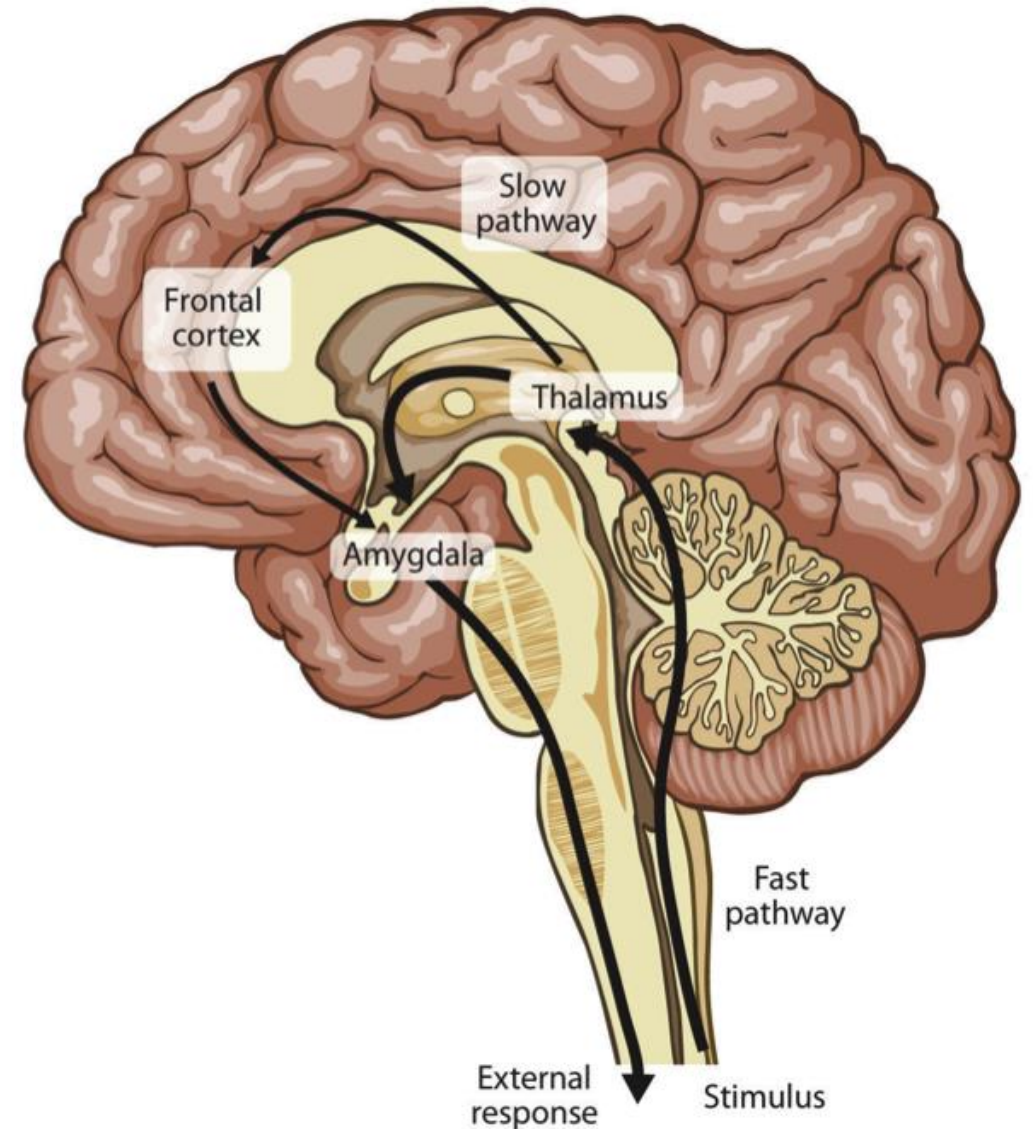


THE AMYGDALA HIJACK!

“AM I SAFE?”



IF NOT, FIGHT,
FLIGHT OR
FREEZE



LONG TERM EFFECTS:

- Burnout, Anxiety, Stress, Shame, Depression and Overall Decreased Psychological Well-being.
- Declining opportunities and challenges



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... not so helpful.

Then – you 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

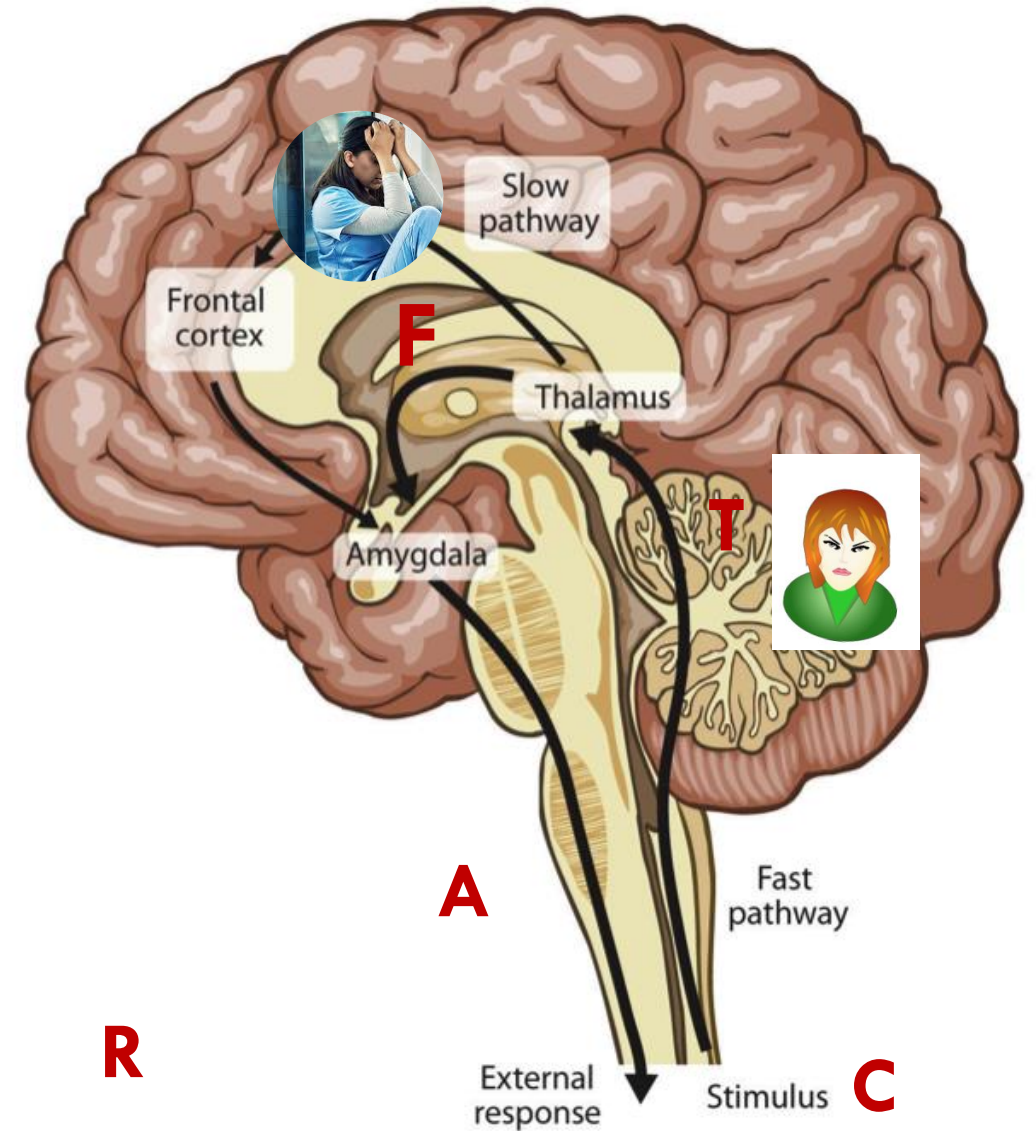
Actions (What ever you do or don't do that is fueled by your F)



Create your

Result (Proves the thought)

THE AMYGDALA HIJACK



Example: Separate the C from the T

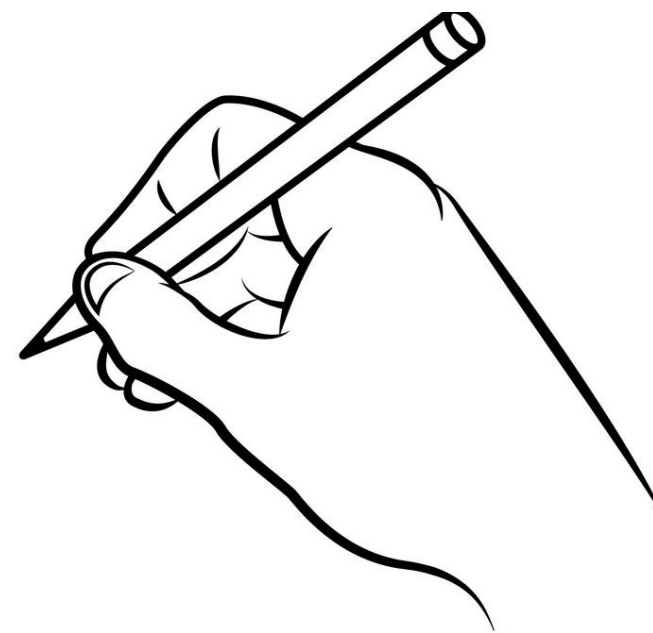
I was in the MICU and my patient needed an arterial line. The fellow asked if I wanted to do it, but I botched the last 3 I tried, and I was scared to hurt the patient or look incompetent. I made up an excuse and handed it off to my co-resident. Maybe I'm just not a "procedure person" and I should consider 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

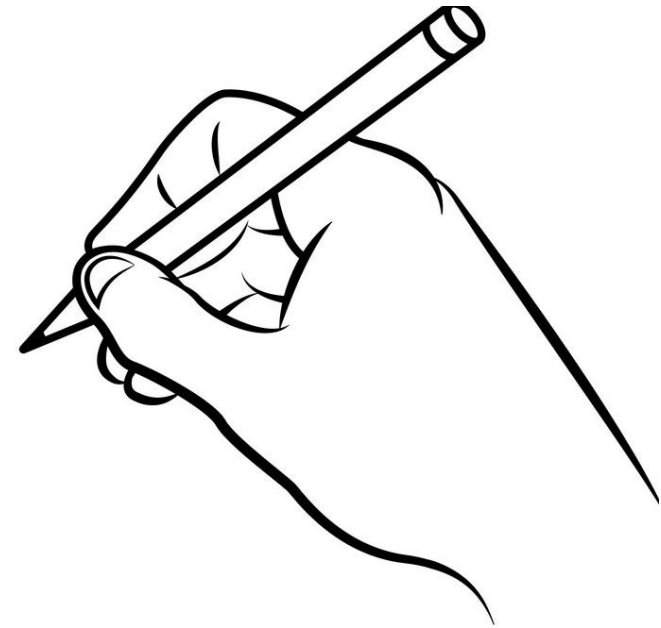


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tiny line

C
T(s)



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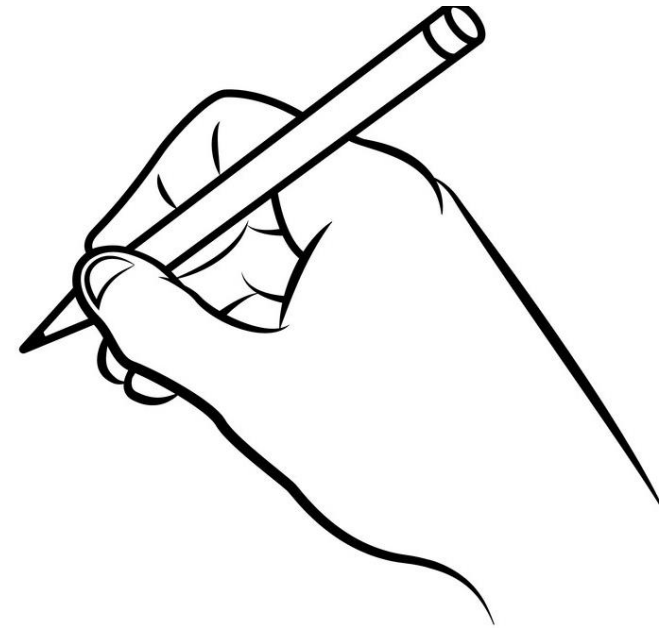
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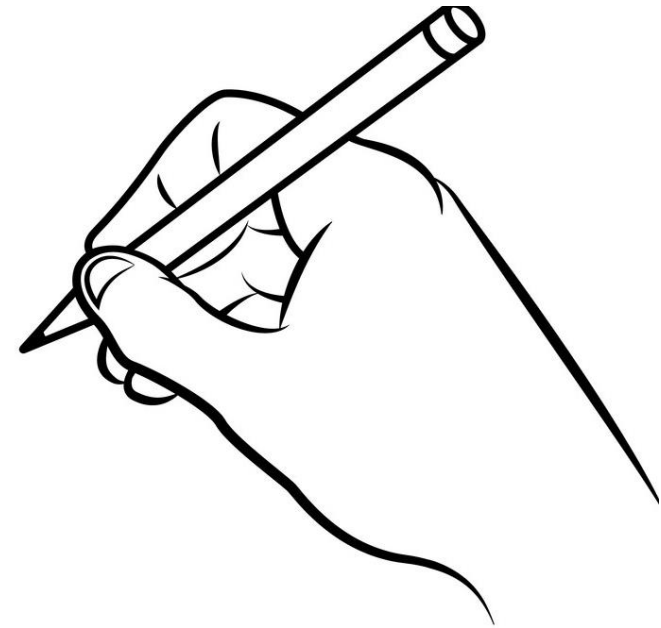


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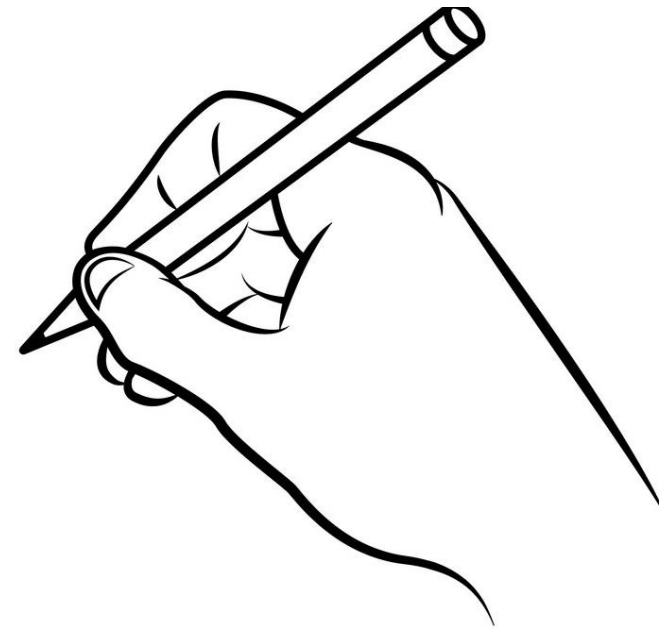


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tiny line

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T(s)
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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)



C: Patient needs an arterial line

T: *"I am capable of learning this skill."*

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

"Asking for help is a part of training."

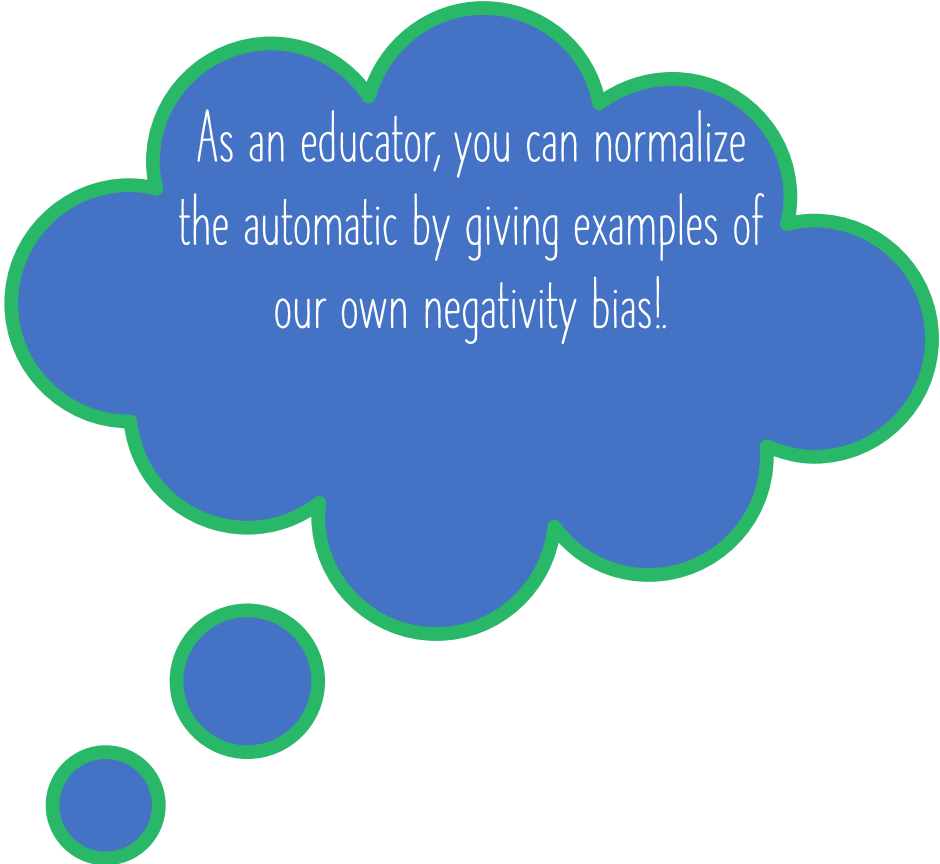
F: Self-Confidence

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")



As an educator, you can normalize the automatic by giving examples of our own negativity bias!.

Homework:

- Try a thought download tonight!
- Free-write for 5 minutes and then see if you can pull apart the circumstances from the thoughts.
- Then, choose 1 thought and write out:

C:

T:

F:

A:

R:

And see where your thoughts are leading you!

Tool 2: Managing Perfectionism

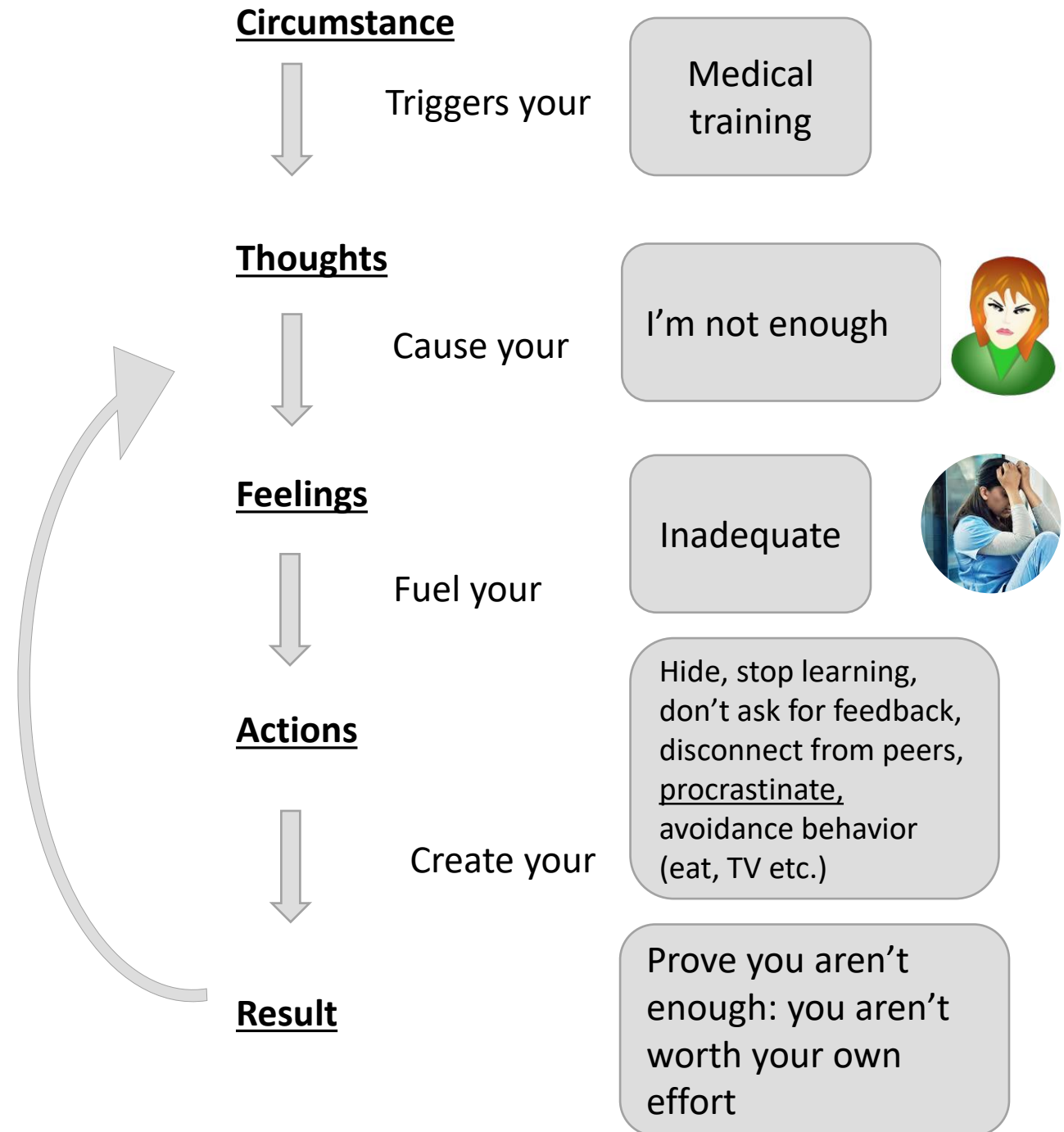
Perfectionism is a twenty-ton shield that we lug around, thinking it will protect us, when in fact it's the thing that's really preventing us from taking flight.

Brené Brown



Perfectionism

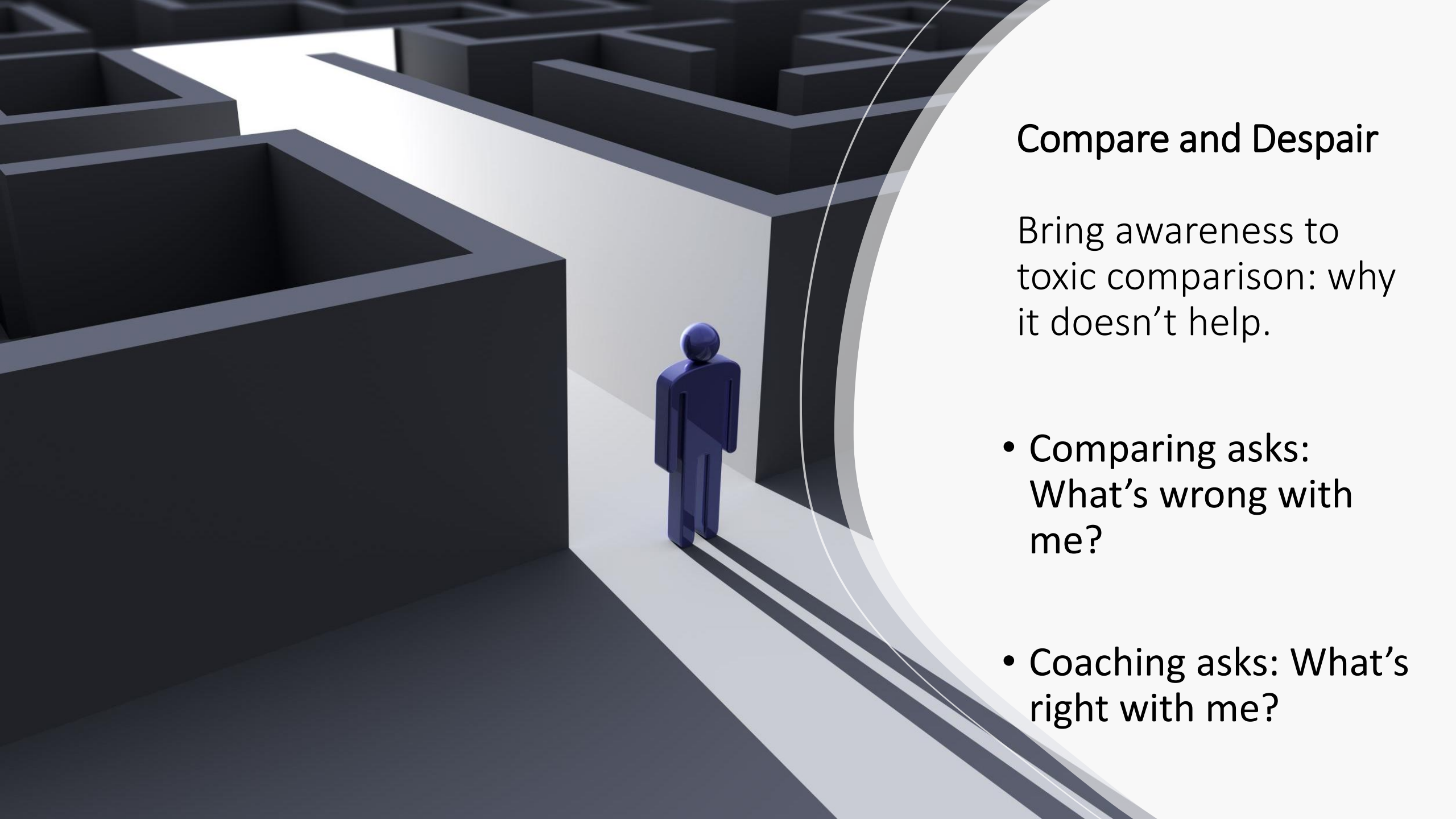
- Sets success bar so high AND so ambiguously that we don't ever get to it.
- Perfect is the only option



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?”*
- 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.



Compare and Despair

Bring awareness to toxic comparison: why it doesn't help.

- Comparing asks: What's wrong with me?
- Coaching asks: What's right with me?




Tool 3: Practice absorbing praise



PEOPLE WITH IP OFTEN
FEEL COGNITIVE
DISSONANCE WITH
PRAISE.



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



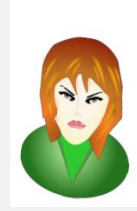
Tool 3: Help Learners Absorb Positive Feedback

- 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



Identify the cause



Understand the effects



Try 3 tools to mitigate
Imposter Phenomenon

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



Circumstance



Triggers your

Thoughts



Cause your

Feelings



Fuel your

Actions



Create your

Result

The background of the image is a dense, overlapping collage of numerous small, rectangular sticky notes. These notes are in four primary colors: light blue, light green, light pink, and bright yellow. Each sticky note features a large, bold, black question mark. The notes are scattered across the entire frame, creating a textured, busy appearance. In the center of this collage, the text "Thank you!" is written in a clean, white, sans-serif font. Directly beneath it, the word "Questions?" is written in a smaller, white, sans-serif font.

Thank you!

Questions?