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Imposter Syndrome

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To start, we begin with our own imposter syndrome confession: we are not experts in imposter syndrome. Our interest in this topic came out of a side project, prompted by a question posed by one of our trainees that became more intriguing as we dove deeper into the available literature. Our resulting discussion comes from experience, many hours of conversation with colleagues, and a drive to understand ourselves better.

Imposter syndrome was first described by Dr. Pauline Clance in 1985 and was initially thought to be predominant in professional women. Since that first definition over 40 years ago, imposter syndrome has been found to be pervasive amongst most high achieving individuals across all fields of professional and personal accomplishment. It is loosely defined as a variety of negative feelings projected inward. An individual might doubt their mental or physical abilities or feel like they have everyone around them fooled as to their abilities; in other words, feeling like a fraud. When receiving praise, they might not think they are deserving of it. Ultimately, imposter syndrome is an individual being unable to accept the accolades that come with their accomplishments.

We have a bone to pick with the word “imposter”—it implies conscious awareness that you are not qualified, which could imply criminal fraudulence if you continue to do something for which you “know” you aren’t qualified. It’s important to realize that although imposter syndrome may be conscious at some times, the vast majority of people who experience it are not truly lacking in the skills they

doubt they have.

Who suffers from imposter syndrome? As we’ve said, it tends to be high achieving individuals who find it difficult to accept their own success. And we want to also reiterate, even though the first studies were done in women, newer data shows that imposter syndrome likely affects genders equally. In fact, it has been estimated that 70% of most individuals will feel like an imposter at some point in their lives/careers.



How does imposter syndrome work? Dr. Clance first postulated the Imposter Cycle.

It begins with any assignment. The individual begins to feel anxiety and self-doubt regarding the assignment, a classic, “I don’t think I’m qualified for this,” moment, which then results in one of two innate responses: either they procrastinate starting it or they immediately begin over-preparing. Ultimately, they succeed in the assignment, but their transient feeling of relief is quickly usurped by one of two thought processes. For the procrastinator, it’s the thought of “oh, I just got lucky, I put things

off so long.” And for the over-preparer it’s, “oh, but you have no idea how hard I had to work to get that result. I’m not good I just work hard.” Both of these result in the individual essentially pushing away their success and instead feeling like they are a fake and not qualified.



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Some might see this constant cycle of self-doubt as the impetus to provide the drive to keep bettering yourself. And while imposter syndrome may provide motivation for some professionals, these perpetual feelings of self-doubt have also been linked to increased work-related stress, depression, anxiety, burnout, and even suicide. The problem becomes that this actually feeds back into the imposter syndrome process; many individuals feel as if they are not anxious/depressed enough in order to need help.

What about us specifically? The subgroup of medical professionals who have trained in a world

where we are told to fake it ‘til you make it. Well, as you might predict, imposter syndrome runs rampant through medicine. As a profession, emergency medicine has really only seriously started looking at this phenomenon since 2016. Based off of literature reviews, we know that imposter syndrome is present in anywhere from 22-60% of individuals at any given time, and that even higher numbers identify feeling symptoms of imposter syndrome in the past. This contributes greatly to rates of burnout as we’ve already mentioned. This effect is not limited only to medical students and residents. A small survey done of attending physicians, some at a very advanced stage of their career, revealed many of these same feelings despite years of achievement. Of especial concern was that most who responded revealed they had never shared these feelings with anyone else due to fear of judgement.

Imposter syndrome also feeds back into our ability to be able to grow our skills. For many, the response to feeling like an imposter is to display over-confidence in your skills. This is not the true narcissistic person, but rather you are trying to convince yourself as well as everyone else that you know what you are doing. This can be seen in all levels of learners, and it is important to consider, because actually validating some of that confidence is key. Let that individual know what they are truly doing well, and allow your own vulnerability and doubts to create a safe space for them to be real and express their own vulnerabilities.

It’s not all doom and gloom. Actually, by having more awareness of imposter syndrome, we can begin to create within ourselves learned behaviors to help combat the negative feedback loop. One published study explored a simulation session

started with the program's interns in order to mimic scenarios where imposter syndrome might pop up (for example, overnight call and having to answer pages). It had the residents consciously explore those instinctive panicked feelings and come up with exercises to deescalate their own responses.

So hopefully by now you will be realizing that true imposter syndrome is not feeling unsure about yourself, your actions, or your decisions. We all experience times when we second guess ourselves. By acknowledging our own feelings of self-doubt and insecurity, we can begin to create a culture of mutual support, providing mentorship and guidance to each other that allows us the space to truly grow our competencies and skills.

From a couple of imposters to all of you reading out there, let's lead the charge of changing the fake-it-'til-you-make-it stigma.

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