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Recognizing & Combatting Imposter Syndrome

by **Mariah Rudd, MEd**, Director, Office of Continuing Professional Development

We have all experienced moments of self-doubt and anxiety. Even after years of experience, extensive training, and education, we allow doubt to creep in, causing us to question our expertise and knowledge. Feelings of inadequacy affect each of us from time to time, but it is critical for ourselves, our patients, and our learners that we face these moments of self-doubt and learn to overcome feelings of imposter syndrome.

Imposter syndrome is defined as "an internal experience of believing that you are not as competent as others perceive you to be, despite evidence of your abilities and accomplishments."¹ First coined by two psychologists in the 1970s, imposter syndrome symptoms include: feelings of self-doubt, fear of intellectual fraud, perception of inadequacy when compared to peers, and inability to achieve a sense of competence for high-achieving individuals.² It is important as faculty to be aware of these symptoms potentially surfacing for our health professions students, residents, or even peers. The table below from Chen *et al.* 2020 outlines some features of imposter syndrome to look for.³

Features of imposter syndrome: Does this sound familiar?

Inability to accept or internalize one's success

Tendency to attribute one's success to luck or chance rather than to one's own ability

Difficulty accepting praise about one's intelligence or accomplishments

A discrepancy between one's self-evaluation and external evaluations

A fear of being revealed as a "fraud"

Tendency to recall mistakes over accomplishments

Disappointment with present accomplishments

Hesitancy taking on new challenges for fear of failure, despite previous success

Making frequent comparisons to others, believing others are more accomplished

A reluctance to disclose potential promotion until it is accomplished

It is important for faculty to anticipate that imposter syndrome may appear among learners. Learners may not recognize that their peers share similar self-doubts and misgivings, which breeds a reluctance to share their feelings for fear of punitive academic consequences or social isolation. Faculty can help support learners during these moments by normalizing feelings associated with imposter syndrome and sharing similar experiences from their own training. Both faculty and residents can serve as role models to support learners in their struggle with imposter syndrome.³ Additionally, we can encourage reflection as an opportunity for learners to debrief experiences in a safe environment, in turn allowing them to reframe their experiences.³ Lastly, if we provide specific and timely feedback as objective insight into their performance, especially acknowledging achievements, we allow learners the opportunity to recalibrate their own perceptions.³

Below are some tips to proactively support learners in their struggle with imposter syndrome:

1. Create a safe learning environment that fosters open communication
2. Be vigilant in looking for signs of self-doubt such as lack of confidence, self-criticism, or ignoring achievements. Thoughts such as, "Am I skilled enough for this? What if I make a mistake? What if my colleagues realize I'm not as competent as they think I am?" may plague those who suffer from imposter syndrome.⁴
3. Encourage informal or formal opportunities for self-reflection
4. Provide timely, objective feedback that highlights achievements
5. Recognize learners for their achievements by highlighting strengths and contributions⁴
6. Provide opportunities for mentorship and role-modeling²
7. Promote collaboration and peer support to normalize imposter syndrome⁶
8. Foster a growth mindset that embraces failure and mistakes as part of the learning process⁵
9. Share experiences that emphasize common feelings
10. Build resilience!

There is no one-size-fits-all approach to supporting learners who may face imposter syndrome. It is critical that faculty take a proactive and tailored approach to addressing the individual needs of each learner. By implementing some of the strategies outlined above, educators can support learners who are experiencing imposter syndrome and create an empowering learning environment that allows learners to build confidence and promotes resilience.

References:

1. Young, I. M. (1985). The tyranny of the ideal: Justice in a diverse society. *Ethics*. 95(1), 3-33.
2. Clance PR, Imes SA. The impostor phenomenon in high achieving women: dynamics and therapeutic intervention. *Psychotherapy*. 1978;15(3):241–7.
3. Chen, C. (2020). Doctor who?: Reflecting on impostor syndrome in medical learners. *Canadian Family Physician*, 66(10), e268-e269.
4. Young, V. (2020). The impostor phenomenon in health professions education: A scoping review. *Medical Education*. 54(8), 666-676.
5. Dweck, C. S. (2006). *Mindset: The new psychology of success*. Random House.
6. Kumar, N. B., & Jagacinski, C. M. (2006). Imposters have goals too: The impostor phenomenon and its relationship to achievement goal theory. *Personality and Individual Differences*. 40(1), 147-157.

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**Any work looks wonderful to me
except the one which I can do.**

Ralph Waldo Emerson

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by **Sarah Harendt, MS**, Manager, Education and Faculty Development

*Continuing our series of interviews with the Health Systems and Implementation Science (HSSIP) Clinical Champion Cohort participants, Sarah Harendt sat down with **Vydia Permashwar, MD, MBBS**, pediatrician at Carilion Clinic and associate professor in the Departments of Pediatrics and Health Systems & Implementation Science at Virginia Tech Carilion School of Medicine (VTC SOM), to discuss her experience in the HSSIP cohort and benefits of utilizing the AMA Health Systems Science (HSS) framework.*

Dr. Permashwar distinctly remembers the call for a Pediatrics champion to be a part of efforts to expand the integration of Health Systems Science (HSS) into the VTC SOM curriculum. She thought, “It just seemed to align perfectly with my interests and purpose in Pediatrics.” Not only did the call resonate with her, but it was also work she was committed to and already doing in her daily practice and interactions with students and other clinicians. In her view, “looking holistically at the bigger picture of the patient from a much wider lens and really looking at things like equity and social determinants of health, for Pediatrics that’s very core of what we do.”

Over the past year, Dr. Permashwar has seen an increasing awareness of HSS as a formal area of focus. While HSS is not a new set of concepts, the AMA HSS framework, and the naming of the concepts within it, has drawn increased interest in many medical

fields, including Pediatrics. “What we have genuinely and organically been doing in Pediatrics for decades now, and everybody who has worked in Pediatrics has recognized especially in underserved populations, there is so much more that affects the outcome. We must go beyond making the right diagnosis and constructing the best treatment plan.” Providing a framework has encouraged people to explore outlying factors, like social determinants of health, and the impact on patient outcomes.

“I think I see more people feeling comfortable talking about something like social determinants of health or bringing those considerations into discussions with students,” for example. Also, recognizing that providing the best care for patients involves interactions with other aspects of HSS, like value-based care and teaming, in ways that recognize the interconnected nature within the system is something those around her seem more willing to bring to the forefront of conversations and practice.

Dr. Permashwar also shared that she has begun to see, in her clinical interactions with students, the effects of integrating HSS into the preclinical space. “Students are coming into the clinical environment with this added layer of knowledge from exposure to HSS that gives them the tools to ask the hard questions about why we are doing things a certain way and how can we change some of the things we are doing” within the system. “They see these opportunities for change and advocacy on behalf of patients and are asking, ‘Is there not a better way that we could do this?’ and pointing out areas of inequity within their rotation.”

Pediatrics at Carilion has actively pursued the integration of HSS into the clinical learning environment. From a curated Systems Session that exposes learners to the multidisciplinary, collaborative approach taken when confronted with child abuse in the patient population to having individual students present in SOAP-SDOH format to peers, Pediatrics utilizes a comprehensive layering of HSS throughout the clinical environment.

When asked about her participation in the HSSIP Clinical Champions cohort, Dr. Permashwar noted that for her, understanding others’ experiences was one of the most meaningful parts of participation. “When you get to hear other people’s perspectives - their struggles, their wins, how they have managed different situations - that was probably the most powerful. It really was such a wonderfully supportive group, you never felt that you were on your own.”

As the conversation closed, Dr. Permashwar shared this wisdom about keeping patients at the center and being an advocate for change:

“Listen to them, learn from them, and then be an advocate for that patient. And how do you be an advocate for that patient? By understanding where they’re coming from, guiding them with resources, using your platforms and your voice when possible in meetings, with those in positions higher than yours, and on committees. Promote the issues that you are seeing!”

If you would like to know more about HSS, how you can become involved in HSS-focused professional development, or connect with one of the HSIS Clinical Champions, visit the [TEACH Health Systems Science website](#) or [email Sarah Harendt](#) to learn more. We welcome your interest and engagement.

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