

EDUCATIONAL DILEMMA OR QUESTION

Gerald is an emergency medicine specialist in his 15th year of practice who continually feels as though he is underperforming. He is preparing to transition roles to become the research director at his institution, but despite his success in residency, his Master's degree in epidemiology and the praise of his colleagues, he continues to feel as if all his success was unearned and that he could not possibly fulfill his new role.

Imposter syndrome is a highly prevalent form of inaccurate self-assessment whereby individuals do not experience internal feelings of success despite their high achievement and recognition from colleagues. Some successful individuals presumably find ways to manage these struggles effectively, however, to date these strategies are not well understood.

Reference

LaDonna KA, Ginsburg S, Watling C. "Rising to the Level of Your Incompetence": What Physicians' Self-Assessment of Their Performance Reveals About the Imposter Syndrome in Medicine. *Academic Medicine*. 2018 May 1;93(5):763-8. doi: 10.1097/ACM.0000000000002046

Why Is This Paper Relevant to Emergency Medicine Education?

Clinicians in the high-stakes field of emergency medicine are susceptible to imposter syndrome. This article normalizes imposter syndrome for the reader, proposes strategies to support physicians who are struggling, and provides suggestions for medical educators to address this phenomenon.

Level of Evidence/Level of Learning

While qualitative research technically falls under the category of being "low level evidence" or "level VI", the qualitative approach was appropriate and done well to answer the research question at hand.

Funding Sources

Academic Medical Organization of South Western Ontario Opportunities Fund

Study Design

This is a qualitative study utilizing constructivist grounded theory and semi-structured interviews with 28 physicians from various specialties. Data collection and analysis were conducted iteratively using a three-staged coding process and a constant comparative technique to identify themes. The study was concluded after the exploratory research question was believed to be satisfied.

Setting

All faculty physicians at a single Canadian academic institution were invited to participate in a one-on-one interview (n~1000).

Synopsis

This study discusses imposter syndrome as it exists along a spectrum of self-doubt across all levels of medicine. It sought to identify ways that physicians manage struggles with self-doubt and develop support strategies to successfully maneuver perceptions of underperformance.

Synopsis (continued)

Twenty-eight faculty members from a Canadian academic institution were interviewed about their experience with perceptions of underperformance and failure. The participants were faculty from a variety of specialties, including three from emergency medicine. Faculty were at various stages of their career, with the majority having >10 years in practice.

The results of the study showed that, regardless of career stage, self-doubt exists on a spectrum that affects all clinicians. The spectrum ranges from extremes between unquestioned confidence and imposter syndrome. Participants' experiences suggest that self-doubt may be different for residents compared to experienced physicians, with residents concerned that they are not as good as they thought, and staff physicians concerned that they are not as good as others thought. The study notes three additions to the literature:

1. Even outstanding performers struggle, but with less need for support than those who underperform.
2. Certain factors trigger recurrence of self-doubt, including transitions in practice, direct observations and feedback that does not match the individual's self-assessment. Direct observation causes practitioners to employ more of a textbook approach than usual, which may cause them to feel staged or fraudulent based on what performers view to be an inauthentic representation. For individuals experiencing imposter syndrome, feedback in any form may be harmful. Negative feedback may reinforce internal sense of inadequacy, while positive feedback can lack credibility and be discounted.
3. Medical culture reinforces feelings of inadequacy because of the false premise that those who are doing well know they are doing well. Likewise, the challenge in supporting physicians with self-doubt is that they are generally perceived as performing well by others. The data supports that those struggling with self-doubt may be hesitant to reveal themselves but tend to discuss their insecurities about performance rather than actual instances of failure.

BOTTOM LINE

It is crucial to develop an awareness that insecurities about underperformance are common and recurrent in all levels of medicine. It is therefore critical to provide opportunities for trainees and experienced practitioners to acknowledge and share their experiences. Medicine requires a growth mindset; by cultivating safe spaces and mentors with whom physicians can share struggles, there is opportunity to transform failure into a teaching tool.