

MENTORING MEDICAL STUDENTS THROUGH THE IMPOSTER PHENOMENON

2021 Updates



DISCLOSURES

The opinions and assertions contained herein are those of the authors and are not to be construed as official or as reflecting the views of the US Army Medical Department, the Army at large, or the Department of Defense.



Audience Poll

Who do we have in the audience today?

- Medical Student
- Resident or Fellow
 - UME Faculty
- GME Facult
- Administrator or Coordinator



When have you felt:

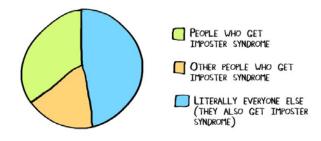
- Inadequacy Self-Doubt
- Sense of **Fraudulence**

Despite your success?









EVERYONE FEELS LIKE AN IMPOSTER SOMETIMES, AND THAT'S OKAY

2020 STEM CONFERENCE ON MEDICAL STUDENT EDUCATION

Objectives

- Apply imposter phenomenon evidence to medical student mentorship
- Build skills and implement techniques as mentors to lead students through feelings of self-doubt and fraud
- Formulate a plan to create a safe learning environment at your institution that stifles imposter phenomenon and produces confident students
- Practice self-efficacy skills and demonstrate this to learners



What is the Imposter Phenomenon?

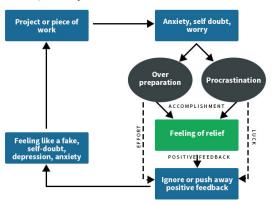
- Origin
- Evidence
- Impact







The Imposter Cycle





Source: https://womenaccelerators.org/wp-content/uploads/2018/11/imposter01.jpg

Impostor syndrome and burnout among American medical students: a pilot study

Jennifer Villwock¹, Lindsay B. Sobin², Lindsey A Koester³, Tucker M. Harris⁴

IS Prevalence:

- 49.4 % of females
- 23.7% males

Table 2. Each burnout component is stratified by presence or absence of IS (N=138)

Burnout Components	Degree of Burnout N (%)		
	High	Moderate	Low
Depersonalization			
IS	14 (27)	18 (35)	20 (38.5)
No-IS	7 (8.1)	28 (33)	51 (59)
Personal Accomplishment	2.5		
IS	8 (15)	19 (37)	25 (48)
No-IS	16 (19)	25 (48)	50 (58)
Emotional Exhaustion			
IS	25 (48)	19 (37)	8 (15)
No-IS	23 (26)	35 (40)	28 (32)
Professional Efficacy			
IS	1(2)	4(8)	47 (90)
No-IS	0(0)	5 (6)	81 (94)
Exhaustion			
IS	40 (77)	12 (23)	0 (0)
No-IS	50 (58)	33 (38)	3 (3.5)
Cynicism	22.22		
IS	36 (69)	15 (29)	1 (1.9)
No-IS	15 (29)	46 (54)	0 (0)





Original Publication

Small-Group Discussion Sessions on Imposter Syndrome

Natalie Baumann, MD*, Carol Faulk, MD, Jessica Vanderlan, PhD, Justin Chen, MD, Rakhee K. Bhayani, MD

*Corresponding author: natalle.m.baumann@gmail.com

21 residents in small group discussion about IS

- 96% felt comfortable recognizing imposter syndrome in themselves
- 62% knew the appropriate next steps after identifying imposter syndrome

Question	Free-Response Answers		
What did you like the most about welfness report?	"I always appreciate discussion."		
	"Good discussion, good topic for early in the year."		
	"Discussion."		
	"Open discussion format."		
	"Concisel"		
	"Open discussion."		
	"Nice to see the class."		
	"Good questions; liked mixed with interns."		
	"The topic was perfect for this time of year as we		
	each transition to a new role with new		
	responsibilities that may make us uneasy or fee		
	the imposter syndrome."		
What can we do to	"Knowing the topic in advance."		
improve future	"Food."		
wellness reports	"Keep to 30 min."		
such as this?	"Heve food."		
	"Foot, more emphasis on what to do versus recognizing it."		
	"Bring food."		
	"This would be good in groups of six. Two interns, two JARs [second-year residents], two SARs [third-year residents]."		
Do you have	"Preventing burnout."		
suggestions for	"Puppies, pet therapy."		



Audience Poll

What factors or experiences are present in your institution that can be related to the imposter phenomenon? Choose all that apply.

- You know a student, resident, or faculty who may identify with IP
- Low self-esteem is common in learners
- Frequent personal reflection is encouraged
- There is a pervasive desire for perfectionism
- Perceived or actualized disparities in learning experience by gender
- Accomplishments are celebrated
- Asking for help seen as a sign of weakness
- There are active mentorship relationships or programs
- You have held workshops or discussion on IP



Impostor syndrome among physicians and physicians in training: A scoping review

Michael Gottlieb¹ | Arlene Chung² | Nicole Battaglioli³ | Stefanie S. Sebok-Syer⁴ | Annahieta Kalantari⁵

- 18 studies identified in this review
- Prevalence: 22 to 60% in medical students
- Contributing factors: female gender (bias?), students and residents with low self esteem, perfectionism, asking for help seen as a sign of weakness
- Protective factors (few studies): personal reflection, keeping a record of successes, celebrating accomplishments, seeking mentors, workshops on IS



Impact on medical education

- Peak symptoms in clinical years
- Prime opportunities to intervene with mentorship
- Effects on student-patient relationships and empathy

What happens if we do not intervene?



Mentorship Roles

- 1. Identifying an imposter
- 2. Changing culture
- 3. Skills: normalize, challenge, and affirm







1. Identifying: Presentation of an Imposter

- Avoidant behavior
- Academic
 - · Cognitive performance
- Professionalism
 - Poor time-management
 - Charting difficulty
 - Poorly-rated patient interactions
 - Poor perception by colleagues



Audience Poll

We speculate that the COVID-19 pandemic has caused a drastic increase in imposters. Perhaps this is due to shifting learning environments to decentralized or virtual environments, which may increase anxiety an contribute to over-preparation or procrastination.

Has COVID-19 increased the number of imposters at your institution?

- Definitely
- Very Probably
- Possibly
- Probably Not



2. Change the Culture

Reflecting on Shame in Medical Education:

How does your institution respond when a student makes a mistake?

What should the future culture of medical education look like?







3. Mentorship Skills

- Normalize imposter feelings
- Challenge negative self-talk
 - Labels
 - Always/never statements
- Affirm positive work



Beyond Imposter: Tips for Self-Efficacy







Self-efficacy Tips

- · Power pose 2 minutes with a student
- Open body posture during encounters
- Practice reflection: tell YOUR story to yourself
- Be prepared to disappoint, and learn
- Confidence Prescription



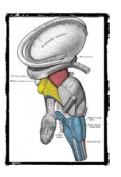
Self-Efficacy

"The belief in one's capabilities to organize and execute the courses of action required to manage prospective situations."



Origins

• Primitive brain (reptilian)

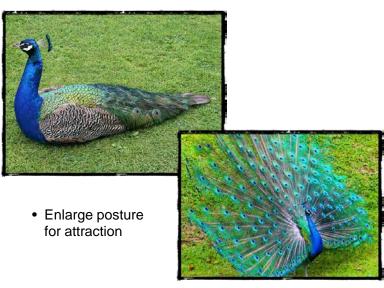






Enlarge posture for competition







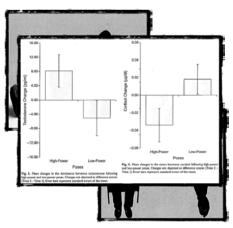
- Open posture after victory
- Closed posture after defeat



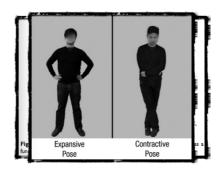
Neuroendocrine Markers

- Short-term, adaptive responses (fight or flight)
 - Testosterone & cortisol
- Chronic, maladaptive
 - HTN, memory loss, impaired immunity
- Posture & association????

- · High-power poses:
 - Testosterone UP
 - Cortisol DOWN
 - More likely to act (83%)
- · Low-power poses:
 - Testosterone DOWN
 - Cortisol UP
 - Less likely to act (60%)



- Power poses improved cognitive processing & abstraction
- More likely to act (81% vs 58%)
- Pose had greater effect than position
- Power pose 2 minutes



Choose and hold your Power Pose

2 Minutes





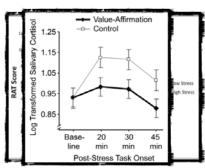
Perceptions of Nonverbal Cues

- · Averted gaze & posture
 - Decreased perception of empathy (2.1)
- Patient-oriented gaze & posture
 - Improved perception of empathy (4.8)
- Soccer study: avoidant worse performance

- Closed (& averted) nonverbal cues worsen perception & limit performance
- Open nonverbal cues improve perception & performance
- <u>May</u> translate to improved staff, peer, & patient perception*
- Open body posture during encounters



- Self-affirmation: NOT body language study
 - Protects against stress
 - Improves cognitive performance
 - Effect on chronicallystressed



Creswell JD1, Welch WT, Taylor SE, Sherman DK, Gruenewald TL, Mann T. Affirmation of personal values buffers neuroendocrine and psychological stress responses. Psychol Sci. 2005 Nov:16(11):846-51.



- Self-affirmation works
- Values-based exercise
 - Ideas must reflect core values
- Tell YOUR story to yourself



Reflection Exercise to Build Self-Efficacy

Ask your students or residents to select their top core values

Then have them write a short story when those values helped them tackle a challenging situation



3 Minutes

Core Values List

Authenticity Achievement Adventure Authority Autonomy Ralance Beauty **Boldness** Compassion Challenge Commitment Community Competency Contribution Courage Creativity Curiosity

Determination Duty Excellence Fairness Faith Fame Family Friendships Growth **Happiness** Honesty Honor Humility Humor Influence Inner Harmony Integrity

Justice Kindness Knowledge Leadership Learning Love Loyalty Meaningful Work **Openness** Optimism Peace Perseverance Pleasure Phise Popularity Recognition Religion

Reputation Respect Responsibility Security Service to others Self-Respect Service Spirituality Stability Success Status Teamwork Trustworthiness Wealth Wisdom

Concepts 4-5

- · Self-kindness, reflection, growth
- "Be prepared to disappoint, and learn"
- Confidence Prescription

.ddress	Date
R-	
Dx: Low confid	dence
Power Pose; Sig: Pose 2 min	before presentations prn
Open body posture when spe	eaking to others
Know your values and how	they help you
Avoid negative self-talk	
Observe positive traits in ot	hers; copy them
Be prepared to disappoint, a	and learn
EFILL TIMES	, M.D.
EA NO. Ad	Uness



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Bringing it Home: Making an Impact







Making impact at your institution

Introduce the concept Assess the culture Indentify potential imposters Assess the culture Indentify potential imposters Assess the culture Change

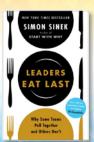


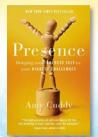
Closing Points

- Applied imposter phenomenon evidence to medical student mentorship
- Built skills and implement techniques as mentors to lead students through feelings of self-doubt and fraud
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Additional Resources







Amy Cuddy's TED Talk:



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