

## Well-Being Corner

### Imposter Syndrome

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*Ms. R's daughter messages me through the portal that her 80 year old mother with mild dementia and frequent UTIs is still not getting better after the round of antibiotics I called in for her last week. She is falling, no longer vomiting but has no appetite, complains of persistent dizziness. Her head CT showed no bleeding from when she hit her head last week. Her urine culture was negative but she did have an elevated white count and new transaminitis. She has had multiple recent hospital admissions and always deteriorates when she is in the ER. Her complaints are vague, she's medically complex, her daughter is worried. I straddle that uncomfortable fence of inadequacy. I don't feel like she needs the ER right now. I'm unsure about those lab abnormalities. I'm hesitant to order more imaging if I'm not sure what I'm looking for. Clearly, I should know what to do. Obviously, I'm not skilled enough. Who am I kidding?*

Despite the years of training and countless successful patient interactions, many of us family physicians experience imposter syndrome. This psychological phenomenon describes a nagging feeling of intellectual and professional inadequacy despite objective evidence of competence. **Medicine is complex** and grows more so every year, there is no way we can keep up with all the developments in oncology or cardiac electrophysiology. Our patients come to us first (and back again after making a circuit of specialists) and the answers to their ailments are not always clear on the first pass. Because of our dedication and the comprehensive nature of the care we give, we are susceptible to the demoralizing thought patterns of imposter syndrome.

Imposter syndrome manifests in several ways. Some physicians downplay our achievements, attributing success to luck or external factors. We might doubt our diagnostic skills, fearing we'll miss a crucial detail. This constant self-doubt can lead to excessive work hours and neglecting personal needs in pursuit of perceived perfection. We may feel uncomfortable accepting praise, seeking approval from others, holding ourselves back from our goals. We over-prepare, we take on more tasks to prove our worth, we chase perfectionism. The pressure to excel can contribute to burnout, expressed as cynicism, decreased fulfillment in our jobs, and withdrawing from full practice.

We can combat imposter syndrome by building a foundation of confidence and then practicing whenever that inner negative voice pipes up.

**Recognition:** Imposter syndrome is common, it's not just us in medicine. Recognize when your thoughts are turning to a cycle of worry, self-doubt, and fear. Openly discuss this fear of not being good enough with colleagues. Sharing our experiences fosters a sense of community and demonstrates that even accomplished physicians grapple with self-doubt. Join local physician groups, VAFP meetings, sign up for PeerRxMed ([www.peerrxmed.com](http://www.peerrxmed.com)). Call out that inner narrative when you find yourself judging yourself harshly, putting yourself down, or drawing yourself back and then re-frame those thoughts: How would someone who has never felt imposter syndrome respond with humility in this situation?

**Celebrate Success:** Intentionally celebrate successes in patient outcomes. High five the patient who has dropped her A1C 1%. Share your published article with your family, colleagues, and clinics. Bask in the positive feedback our patients and colleagues drop on us daily and blow aside that one passive aggressive comment. Highlight others on your team that are also doing good work.

**Practice Accepting Praise:** Many of us have been cultured to be humble and don't feel comfortable with compliments. Receiving feedback, even positive feedback, can feel like opening ourselves up to judgement. However, we do good strong work and play a valuable role in people's lives. Accepting praise is one way to practice self-compassion. How would you want your best friend to take your compliment? Surely not with a shrug, deflection, or embarrassment. Just say "thank you", to start. Perhaps share what that compliment means to you. We can accept praise humbly without putting ourselves down. Don't feel obligated to reciprocate, instead thank them for the notice. "Thank you. I feel honored to be recognized among so many of my deserving peers. I'll be sure to share your congratulations with the team that helped create this win!"

**Don't Compare Yourself to Others:** Each of us practices medicine and relates to our patients with different styles. We are as diverse as our patients and their health conditions. We derive joy in different aspects of the care we provide. We have different goals and daily choose different paths to walk. Because medicine is complex, some of us will have stronger backgrounds in different areas of family medicine and none of us know it all.

**Accept Uncertainty:** Medicine is a discipline built on the foundation of knowledge and evidence, yet uncertainty is its constant companion. We are often expected to provide definitive answers and solutions, and the complexity of human biology and the ever-evolving landscape of medical science necessitate a degree of acceptance of the unknown. Acknowledging uncertainty is not a sign of weakness, but rather a testament to a commitment to providing the best possible care. By openly discussing limitations and exploring various possibilities with patients, we can foster trust and create a collaborative approach to guide our patients, ultimately leading to better outcomes. Keeping uncertainty in our differential reminds us that not everyone is expected to know everything and that not knowing does not make us an imposter.

**Prioritize Self-Care:** Prioritizing self-care, including healthy work-life balance, fosters emotional resilience and reduces the negative effects of self-doubt. Doing acts that demonstrate we value ourselves re-trains our narrative to put trust in our analysis and decision-making. Such practices can erode the self-doubt and self-criticism that define imposter syndrome.

We graduated medical school and passed our boards. We learned the basics we need to know and have the skills to continue to learn and improve as we practice daily.

*I message Ms. R's daughter as she is vigilant on the portal: "I'm not sure what the next best step is. It would not be wrong if you think she is worsening to take her to the ER. For now, let's watch her closely. Let's recheck her labs in two weeks. I've run her story by my colleague, and he agrees this is a tough spot. Let's focus on keeping her hydrated and pushing gentle nutrition. Let me know if you notice something new or different."*

Find more resources for Physician Wellbeing through the AAFP:

<https://www.aafp.org/family-physician/practice-and-career/managing-your-career/physician-well-being.html>

Please send us your experiences, tips, and questions for the next issue at [admin@VAFP.org](mailto:admin@VAFP.org). Is there a specific challenge you are facing as a physician preventing you from thriving that you'd like to see featured in this corner?