

# Impact of Imposter Phenomenon

Tyra Fainstad, MD

## [THEME MUSIC]

## [INTRO]

**Kate Mulligan [Host]:** Welcome to the CLIME podcast. I am your host, Kate Mulligan, and I am delighted to introduce our 2-part podcast on impostor phenomenon and managing it in your learners.

Dr. Tyra Fainstad and Dr. Addie McClintock have teamed up to develop a two-prong approach to help us help our learners manage the impact of impostor phenomenon.

In the first podcast, we learn what defines impostor phenomenon, how to recognize it in our learners, and strategies you can share with your learners to help them manage it. In the second podcast, we explore the interplay of psychological safety and impostor syndrome, and learn how you as educators can create learning environments that help mitigate the development and impact of impostor phenomenon in our learners.

Joining me today is Dr. Tyra Fainstad. Dr. Fainstad is an Internal medicine doctor and an Associate Professor of Medicine at the Univ of Colorado SOM. She is co-director of Better Together Physician Coaching, an online group coaching program for women residents at Univ of Colorado, that aims to prevent and mitigate burnout.

Today Tyra will be sharing her wisdom about the characteristics and impact of impostor phenomenon and offering powerful strategies that educators can use to help learners manage it.

## [INTERVIEW]

**Kate Mulligan [Host]:** Welcome Tyra. I'm delighted to have you as a guest for this first of a two-part podcast series on impostor phenomenon. And specifically, I'm excited to hear you talk about coaching the Learner who has imposter phenomenon. And first I'm sure our listeners would love to hear how you got here. How did you get to this spot in your career?

**Tyra Fainstad [Guest]:** Yeah thank you so much for having me. I'm truly, truly delighted to be here. My journey actually started back when I was a chief resident at the University of Washington. That's where I did my training and early career hood and I had an interest in feedback. This actually kept coming up as a theme of dissatisfaction among the residents at my general internal medicine clinic. So, I got specifically interested in it and also in the barriers that prevented learners from asking for critical feedback, this was clearly something that made our residents anxious.

This led me to explore Carol Dweck's framework of growth versus fixed mindset, especially in medical trainees, which led to me looking at internal obstacles, like fear and anxiety and inadequacy, and sort of how to shift them as a medical educator. So ultimately, I did a deep dive there and ended up pursuing professional coaching certification to reach learners at this deeper level and sort of challenge beliefs that aren't serving them like perfectionism and addiction to approval and the arrival fallacy, all of these, just being external sources of validation rather than internal. So, I think that's kind of at the core of what we're about to dive into.

**Kate Mulligan [Host]:** Great. Thank you. So I guess we should start with an explanation of what imposter phenomenon or imposter syndrome is and why do we care about it in our trainees?

**Tyra Fainstad [Guest]:** Yeah, sure. So imposter phenomenon is a term that simply refers to a collection of thoughts or beliefs that create a feeling of inadequacy and an imposter phenomenon this occurs despite evidence to the contrary, uh, you'll hear imposter syndrome also it's probably used more commonly, but phenomenon is the more new term, and it's meant to sort of remove the negative connotations and stigma that are associated with labeling imposter feelings and beliefs as a syndrome.

And really it's not a syndrome in the way that we're used to hearing that word. Like for instance, people with IBS have an irritable bowel, but people with imposter syndrome are not imposters, but rather they're just struggling with an inaccurate belief system. So a key feature of imposter phenomenon in medical trainees is sort of this constant negative self-talk, which causes our learners to hide and withdrawal and focus on managing their image rather than learning and growing attending to this negative self-talk or the inner critic really increases their cognitive load and can lead to disengagement from learning can lead to exhaustion and ultimately it's correlated with burnout.

**Kate Mulligan [Host]:** So how do we go about identifying this in our trainees and like, what do we have to look for or pay attention to?

**Tyra Fainstad [Guest]:** Yeah, it can be hard. I mean, honestly, we're so ingrained in a culture of self-deprecation at this point that we may not be tuned into it, especially if we also suffer from imposter phenomenon, which is super common in faculty as well. Uh, the general rule of thumb that I give actually is that you can probably safely assume that any given learner has imposter phenomenon, all of trainees, almost all of trainees, admit to feeling this at some point and up to three quarters of medical students and about half of residents report frequent or daily experiences with imposter phenomenon.

So it's super common. And if you happen to assume that a learner has imposter phenomenon and they don't, I don't think you're going to do them any harm. So my rule of thumb is just to assume that they have and proceed with that belief. If you're interested, the typical behaviors to watch out for are sort of all-around perfectionism.

This is a driver of imposter phenomenon. It looks like learners constantly comparing themselves to other people, their approval seeking. The more detrimental behaviors include

withdrawal activities, like saying no tag opportunities or withdrawing from learning. They tend to procrastinate. They might have, have difficulty signing or submitting their notes they're waiting for them to be perfect. It's this like paralyzing self-doubt. That stops action. All of those latter behaviors come from a fear of not doing a task perfectly and sort of being found out as a fraud. So this leads to them, just avoiding doing the thing. And like I said, in the long run imposter phenomenon is correlated with anxiety, depression, and burnout. So that's sort of the darker side of imposter phenomenon at its worst.

**Kate Mulligan [Host]** Thank you. You know, it's funny cause I think many of us in medicine and academics identify as perfectionist and believe that's a good thing. So it's interesting to hear from the standpoint of imposter phenomenon. That perfectionism might actually be quite maladaptive and worse than imposter syndrome or imposter phenomenon. Do you want to elaborate a bit more on that?

**Tyra Fainstad [Guest]:** Yes. I mean, that was my first reaction to, and it's the reaction that I hear from so many people that I coach, I think the key here is to differentiate imposter phenomenon and perfectionism from healthy striving. I often think about this Brene Brown quote. "She said that perfectionism is the 20 ton shield that we lug around thinking it will protect us when in fact it's the very thing preventing us from taking flight". So this just goes to show that this idea or this behavior of perfectionism comes from a protective mechanism. It's our own brain trying to protect us from negative feelings.

Brene is saying, it's the armor that we think will save us from shame, embarrassment, or guilt. It's like at its core, it's a belief that if we're perfect, we don't have to feel negative emotions. So that's what we're all trying to go for. That's what many of us are trying to go for? The problem with this perfectionist belief system is that it usually sets the bar for success so high and so ambiguously that perfection is the only acceptable outcome, right? So you really never get there and it delays a sense of peace or even feeling settled until you've sort of quote unquote made it to which of course never happens. So it doesn't feel very good. It leads to fantasies about this future unattainable life and then when it comes time to start working towards it, it's so difficult because the bar is so high and vague that people procrastinate and ultimately give up since they can't really meet their own standards. That's in contrast to healthy striving. Healthy striving on the other hand sets super lofty goals. It just comes from a place of curiosity and interesting growth in this place. There's a more accurate view of yourself. You sort of realize that perfect is not the goal it allows for, and even welcomes failure, setbacks, and detours on the way to success. Like I said, the goals are high here, but it doesn't attach any sense of self-worth to the goals.

So that's the place to aim for. And that's the place that I try to coach towards rather than perfectionism.

**Kate Mulligan [Host]** It's kind of normal to feel uncertain and lack confidence at times during training. Right. And don't, we want to encourage some self-critique.

**Tyra Fainstad [Guest]:** Yes. Yes, absolutely. It's totally normal to feel uncertain and definitely incompetent during training a lot of the time, probably the most in your whole entire life during medical training, feeling nervous before performing a procedure you've never done is

normal and that feeling in it's healthy place activates us to seek, help and speak up about a gap that you have in your knowledge or skill, and ultimately learn the task, but feeling incapable of performing a skill, especially if it's happening despite positive feedback or objective evidence to the contrary, that's indicative of imposter phenomenon, particularly when these feelings lead to sort of self-undermining behavioral patterns that detract from learning and career advancement.

So the key here is despite evidence to the contrary if you have this objective evidence that you can do a task then that in a normally functioning brain or brain without imposter phenomenon would lead to a sense of self-confidence. The problem is learners with imposter phenomenon. Like I mentioned, have this way overactive negativity bias when they assess themselves. So they disregard that positive feedback or objective evidence and focus on like the one teeny tiny negative critique that maybe someone else gave them, or maybe they made up in their heads and then they can never have an accurate assessment of themselves. They can't hear praise. They cannot fully attribute it to themselves, even if they do so people with imposter phenomenon are just sort of deaf to praise.

It causes this huge cognitive dissonance in their mind. They define themselves as being a fraud and so when they hear something positive, they often write it off as like oh I just got lucky or that person was just being nice rather than accurately attributing it to themselves. Interestingly imposter phenomenon brands get a little loopy with negative feedback as well. When they hear a piece of negative feedback, even if it's somewhat benign they use it to confirm these like shame thoughts that they're harboring about how they're not enough, that they're bad that they chose the wrong profession and then those thoughts feel so terrible that like even the tiniest bit of negative feedback, can send an imposter phenomenon learner into a shame spiral, they might lash out defensively or have an over-the-top negative reaction to the feedback.

**Kate Mulligan [Host]:** A shame spiral. It's a powerful, powerful phrase. Isn't it? So what would you say are the aspects of the medical training process or the culture of medicine in general or in particular that trigger or exacerbate or precipitate imposter phenomena?

**Tyra Fainstad [Guest]:** Uh, I think, you know, unfortunately medical culture, totally inadvertently shifts learners into this fixed mindset about their learning. Medicine and medical education is super high stakes, right? It's literally life or death. It's highly competitive. Like you have to match and not determines your career. You've got to get that letter for the next stage. It's highly dependent on evaluation for progression. So it's easy to have a belief that your grade determines your worth and it's highly hierarchical.

So these attributes are the definition of an environment that shifts learners into a fixed mindset and also the definition of medical training. Yeah, it's awesome. Learners just like constantly being compared to each other, especially in medical school. And so it is so easy for them to look to the outside world to get this sense of worthiness and they confuse external approval with internal validation.

It gets all mixed up. Uh, by the time they hit residency, it often feels really dangerous to have flaws or deficits, many trainees learned to hide their deficits, to avoid these negative

feelings. This creates this vicious cycle where it's impossible to grow in an area that you're not already strong in since you don't want to be seen as not strong and then reaffirm that belief. And then in essence, you're hiding something bad about yourself. So it's sort of a self-fulfilling prophecy.

**Kate Mulligan [Host]:** Yeah, it seems really pernicious. Right? So Tyra you mentioned, it's probably safe to assume that most of our learners experience imposter phenomenon at some point or another, if not constantly in medical school and medical training, but are there some people who might be more at risk that we should be especially looking out for?

**Tyra Fainstad [Guest]:** Yup, absolutely. Unfortunately, imposter phenomenon is much more common in women and in those with backgrounds or identities that are underrepresented in medicine, you know, American culture in general is full of examples of women and underrepresented groups being considered less than their white male counterparts.

So the collective unspoken, or unfortunately, sometimes spoken story is that these groups are cut out for high-powered professions like medicine, which then triggers thoughts around imposter phenomenon.

**Kate Mulligan [Host]:** Right. Um, so much of what you're describing sounds structured. Um, so maybe we should be thinking about imposter phenomenon as a system failure. I mean, are we blaming the victim when we should, when we assign a label like this to one of our learners, should we be even talking about the individual, uh, when we think about solutions?

**Tyra Fainstad [Guest]:** Yes. Yes. I'm so glad that we're touching on this. Cause this is actually a highly highly controversial issue. I think there's a recent publication that came out in the Harvard business review. It talks about what you're touching on. Exactly. So it's true that imposter phenomenon is rooted in environmental and societal influences like sexism and racism and other harmful societally constructed thought patterns.

So understandably, like I said, there's this recent backlash against even using the term imposter syndrome or imposter phenomenon, mostly due to the assumption that it could put undue burden on the individual to fix it kind of like, everywhere in this new swing against burnout, not being the individual's fault, but rather holding systems or society or institutions accountable. Um, and I agree with this, it absolutely has to have a systems approach. It's definitely true. That Discrimination emanation is a core trigger for the imposter thoughts. And yes, I think that accountability lies a hundred percent within the broken systems to fix that. Discrimination and bias exist and absolutely create misleading evidence.

You know, all kinds of stereotypes, including gendered language back, and feedback perpetuates imposter beliefs, but teaching people about imposter phenomenon should always take into consideration these external factors, the systems and the institutions that might be driving this for individuals. All that's true, but I believe if we wait for the Institution or even society at large to change, we will be waiting too long.

Coaching someone with imposter phenomenon to look at faulty thoughts and change them is empowering not victimizing feeling angry and disempowered leads to burnout. Learning

how to cultivate power is how systems change I believe. Learning to envision and then work for positive change without spending extra energy resisting or hating. What currently exists is super empowering. So I think we need to change the culture and this means looking at what the current culture has created already for the individuals, showing it to them and then shifting their automatic thoughts around it. So even if it's true that the system isn't built for women or underrepresented presented providers, the question then becomes how do we want to show up within that system? That's true for us now. How can we get control over our own thoughts so that we can change the system? How can we create a feeling of belonging for ourselves that fuels this positive change? All of that can happen from coaching. That is true. And it's also true that we need to hold the systems themselves accountable.

**Kate Mulligan [Host]** : I love the concept of thinking of it as an empowering, impairing action. So, uh so what can educators do for our learners with imposter phenomenon, I'm showing up with my learners today? What do I do?

**Tyra Fainstad [Guest]**: Yes. Yes. Okay. Here's some in the moment tips that you can do today as a medical educator, um, for the non-professional life coach, I could ask this a lot.

So I'm going to share four tips that anyone can do. The first one might be the most important one and it's normalized the struggle. So like I said, most physicians out there have felt imposter phenomenon at some point. So chances are you have to, and talking about your own inner critic can really de-stigmatize its presence. That might be the most important tip that you can do and it's something I do all the time with my learners. The second tip is help your learners absorb praise. Like I said, there's a ton of cognitive dissonance with praise for people with imposter phenomenon that makes praise super hard for them to hear.

There's this, um, ratio thrown around a lot in here, feedback literature that says you need to give nine pieces of positive feedback for your learner to even hear one of them for every one piece of negative feedback that you give, right. It's crazy nine to one ratio. And that's truly, because it's those nine pieces that are all helping to dampen down that voice of the inner critic that is just like ready to lash out with that one piece of constructive feedback. So these are the three steps that I teach my learners. I teach them to bask in positive feedback. I label it I say, I'm about to give you some praise or appreciation, and I want you to just feel it. The second thing I want you to do is attributed to yourself and your strengths, like get really clear on what strength you used or what strength you had that led to this really positive outcome. And then the third thing that we can all practice with positive feedback is to reminisce in it. I tell my learners, like you're actually allowed to replay this positive thing I said to you as many times as you want. It doesn't mean you're cocky. It doesn't mean you're arrogant. It won't make you lazy. Like you can just do it quietly in your head simply to enjoy that feeling. Literally as much as you want. There's no thought police. And then one last rule I always share with my team is that I have a zero tolerance for praise deflection or self-deprecating comments when I hear them. Right, we all do this. Like any time something goes well people write it off for one to say, it's because of luck or somebody else. And I'll I have a hard stop like zero tolerance in my team room for that. That's my second tip. The third one is really difficult and this is getting into life coaching territory, but as much as we can, as

medical educators is discouraging comparison. So on an institutional level, I think this means reconsidering the purpose of assessments, which is a whole different podcast, but on a more personal level, this means avoiding public comparisons of learners. Whenever possible, anytime a learner compares themselves to someone else, that's sort of asking the question, what is wrong with me?

In the coaching world we like to reframe that as well what's right with me, you know, how can we both be right? How can we both achieve medical excellence? How can, how is the room for everybody at the top? Let's talk about that. Um, and then the fourth tip is managing perfectionism so that is AKA managing the inner critic.

This means if you have time, if you have a relationship with a learner. So if you happen to be in a mentor role or an APD role, having learners to find success themselves. So asking these really important questions, lots of learners will say, well I just want to be a good doctor and I'll say, okay what exactly does that mean to you?

What exactly do you need to do? To think, oh, I've done it. I'm a good doctor. Right? Do you, you have a plan for meeting your own standard because if not, how will, you know, when you get there, there, how will you even know like splits or alert? You won't, you'll be safe for the rest of your life. Um, and if there is a skill gap, what is it? Let's get to work, not, not with comparison, but with genuine curiosity, that's the healthy striving piece. And then helping learners, challenge beliefs that aren't serving them. So sometimes they might say, well, I just want everyone to like me like really why does everyone needs to like you, what are you making this mean about you? Let's get really curious about this. So if you pick up on a standard that is clearly not going to serve them, getting, helping them get curious about it.

**Kate Mulligan [Host]:** That's fantastic. Thank you. But to restate then every single one of us in an educator role can encourage two things and maybe discouraged two things to help our learners cope with imposter phenomenon. So we can encourage normalizing the struggle and absorbing praise I love that, and we can discharge comparisons with others and perfectionist thinking, and that's, that's a nice way of putting it all together.

Thank you. So we've covered a lot of ground and thank you so much for sharing your wisdom with us. Tyra. Do you have any last thoughts that you'd like to share?

**Tyra Fainstad [Guest]:** Sure, yeah thank you. That was a perfect recap. I'm visualizing this like two by two matrix that needs to be written somewhere that you just came up with Kate. That was beautiful. Um, yeah, I think in recap I would just say or in conclusion I would just say that yes I think what we need is a widespread culture change to undo the systemic societal harms that have surely perpetuated imposter phenomenon. But in the meantime, these tips definitely can make it a dent on the individual level.

So we can start today with these medical educator tips. I also of course have a mission statement that every doctor and every trainee deserves a professional coach, especially in this state where there have been societal level harms that have already been done. I think coaching is the key to bringing awareness to them and then reprogramming these thoughts that occur in imposter phenomenon.

That's actually why I decided to start a coaching program for residents. So, like I said, I became a certified life coach, uh, now a year ago and the whole time I just kept thinking, man, I wish I had these tools in residency. I struggled so much from imposter phenomenon and I was addicted to approval and had no sense of internal worth and really just, I mean, honestly, bottomed out when I graduated residency and hit my early career, without a way to know if I was doing okay or not.

So life coaching completely changed my life for the better to the point where I felt like I needed to go spread the word. So here I am, I actually teamed up with a colleague here at the University of Colorado, Dr. Adrian Mann, and I created better together physician coaching, which is an online based group coaching program for women residents at CU.

The core of it is kind of two live group coaching calls per week, where we do these thought turnarounds. We use an evidence-based thought model to kind of reframe thoughts that are causing suffering. We have a whole month, actually two months now out of our six-month coaching program, that's specifically dedicated to imposter phenomenon just because it's so prevalent and common. And it's been, we just finished our first six-month cohort in June and it was such an amazing experience. I just, I could talk about it for 20 more minutes, but I won't, but I will say is that, um, we studied it. We are academic clinicians to the core, and we actually did a randomized control trial of over a hundred residents that we enrolled in this program.

And I am happy to report that hot off the press. We just got preliminary data showing that we had a positive impact on our primary outcome, which was burnout. So we were able to prevent and actually mitigate burnout in our intervention arm. And we looked specifically at imposter phenomenon. We used a short but validated scale called the young imposter syndrome scale. If you get, if you score a higher than five out of eight on the scale, then you have imposter phenomenon and less than five you don't. And what I just found out this morning actually, is that all of our residents on average had imposter phenomenon and after our coaching program on average, they did not anymore. They were less than five. So we got statistical significance there. All of that is to say, I think coaching actually works. I've got proof that it actually works. Um, we were just funded for a grant to expand this resident coaching program to 10 institutions across the country. And happily the University of Washington will be one of them.

So better together physician coaching will be coming to you all in about 15 months, stay tuned. Uh, hopefully it will have a positive impact there. And you know, if anyone's got any questions about this or coaching as an individual or any of the tools that I mentioned really quickly and kind of shallowly, please, please, please reach out to me. I am happy to talk about this anytime to anyone.

**[THEME MUSIC IN BACKGROUND]**

**[OUTRO]**

**Kate Mulligan [Host]:** Wow thanks Tyra that's really exciting news! Congratulations on the grant and thank you again, Dr. Tyra Fainstad for being our guest today and sharing with us so



much wisdom and breadth and good news about combating the impostor phenomenon in our trainees. Thanks again.

**Tyra Fainstad [Guest]:** Oh, thank you so much for having me

**[THEME MUSIC FADES OUT]**