

Management of Acute on Chronic Imposter Syndrome

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“**G**ood morning, Dr. Drum. Sorry to call you. I tried to page, but it said you were unavailable. Just wanted to let you know that 6312 is having some difficulty breathing. I just put her on a non-rebreather, if you wanted to come and take a look at her?”

Someone's going to die before I can even see them! The page had come in as I was leaving for the hospital, minutes after the night team had signed out. Only a month out of residency, it was my first day working alone as an attending hospitalist. Last night I had received email sign-out on 12 patients, and while I had read the email several times, I did not recall which patient was in 6312, let alone why they would have new difficulty breathing. I advised the nurse to call a rapid response if she felt it was indicated and put in an order for a nebulizer on my phone while waiting for the bus.

Room 6312, it turns out, was Ms. A, a pleasant but frail woman in her eighties, hospitalized for pneumonia. I went to see her immediately upon getting to the hospital and realized that in the rush, I had forgotten my white coat and stethoscope. *It's not like I'd hear anything anyway*, I thought before asking a nurse to borrow his.

The rest of the day was a blur, reminiscent of previous first days in my clinical training. Like my first day of residency, so overwhelmed at my patient list, when I ran into a fellow intern while pre-rounding and told him *I feel like I'm dying*. Or my first day of clinical rotations as a third-year medical student, fresh off a nonclinical PhD and asking my fellow students what ondansetron was and why everyone had it prescribed. *I'll never catch up to everyone else*.

Over the coming days, I tried everything for Ms. A as she continued to teeter between the floor and the ICU. I ordered nebulized hypertonic saline to increase her secretions. I broadened and extended her antibiotics until the stewardship team wrote a strongly worded note in her chart. I even increased her diuresis until she had a rapid response due to hypotension. *I can't do anything right!*

And as she kept worsening, the crescendo of interrupting thoughts built and resonated off each other,

creating a cacophony that would not only interrupt my carefully orchestrated clinical reasoning, but heckle me off stage completely. *Clearly I never should have passed medical school*. Ultimately, I led a care conference with her family to transition to hospice. And while I know that hospice was the right decision for her, I still find myself thinking, *Maybe, if she had a different doctor, she'd still be alive*.

For many, what I am describing is nothing new. Nearly every physician I know has felt the imposter at their back at some point in their training. While I've read that this is an “inability to internalize success” which leads to “a sense of fraudulence,”¹ I simply call the part of me that constantly questions my ability “the imposter.” I don't remember a time in my medical training without the looming shadow of the imposter. Over the years, I've tried to contain him with various blends of studying endless knowledge, denying his existence, and intellectualizing the emotions I so acutely felt during the challenges of residency. But the imposter is visceral, automatic, reptilian. Even hard evidence of success and validation, like passing the internal medicine boards, barely contains him.

While I had imagined that the imposter would grow silent as I advanced in my training, it is now evident that my previous methods of dealing with him not only were inadequate but made him stronger. Over the past months, the imposter has crept into every transfer to the ICU, dialed into every peer-to-peer insurance call, and been in the back of the room during every chalk talk. He fogs up the chest x-ray, shakes the ECG baseline, and blows air artifacts on my bedside ultrasound examinations. When I chastise him for wreaking havoc, he apologizes and says he won't do it again, only to keep meddling as soon as I turn my back.

I now realize that the imposter will be with me for my entire career. I will die with the imposter, and the imposter will die with me. And so, I've tried to deconstruct the cages I painstakingly made. I've reimagined how to manage, rather than cure, imposter syndrome.

For starters, I've adjusted my expectations. The imposter has been present for (at least) 14 years, so it is unreasonable to expect improvement in minutes, days, weeks, or even years. I've also given myself

permission to wear or not wear my white coat, as I've found that sometimes I feel more confident with it on, while other times I feel more like a clown putting on a costume. When leading a team, I set a ground rule of normalizing and even expecting mistakes. A positive mistake culture, both for myself and any learners on my team, facilitates communication and humanity, and I believe decreases the impact of medical errors. I remind myself and my team of the privilege of taking care of vulnerable people and encourage honest acknowledgements of burnout. Perhaps most importantly, when a patient thanks me for my help, I actually believe them rather than brushing it off as "part of the job."

It's an imperfect practice, and I still get robbed by the imposter not infrequently. But now, instead of running him down, I invite him in to stay for tea. Rather than keep him secret, I talk about the imposter and introduce him to others. I look him in the eye and realize there is good in him. The fear from the imposter has propelled me through 12 years of postgraduate education. He gave me the neurosis to study for weeks by myself for Step 1. His uncertainty gave me the adaptability to survive the torrents of endless

nighttime admissions and stay open regarding career opportunities. It's not that I have been unsuccessful evicting him from my mind. I have been intentionally keeping him around all these years because he pushes me to be a better physician. And sometimes he allows me to meet the imposters of others, and then we can all have a good laugh together.

And so, to my nemesis, my shadow, and my friend, the imposter, thank you for crafting me into the healer I am today. Here's to you, and to many more years.

References

1. Gottlieb M, Chung A, Battaglioli N, Sebok-Syer SS, Kalantari A. Impostor syndrome among physicians and physicians in training: a scoping review. *Med Educ.* 2020;54(2):116-124. doi:10.1111/medu.13956



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